

**IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE MIDDLE DISTRICT OF ALABAMA
SOUTHERN DIVISION**

JAMES LONG, #55631,

Plaintiff,

v.

**COMMANDER KEITH REED, SERGEANT
CARL KIRKSEY, CO WILLIAM MOORE,
CO ROBERT PETTIE, CO NICKY
SEVERSON, and CO FRANCIS BERNHARD,**

Defendants.

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) CIVIL ACTION NO.: 1:07-CV-581-MHT

SUPPLEMENTAL SPECIAL REPORT

Come now, Defendants, in the above-styled cause, and supplement and amend their Special Report and Answer as previously filed to include the affidavit of **Nurse Gail Neiswanger**. Said affidavit is attached hereto as **Exhibit “1”** and is incorporated herein by reference as if fully set forth.

This Supplemental Special Report is filed pursuant to this Court's Order (Doc. #16) that "*the defendants shall file a supplement to their report which contains an affidavit from nurse Neiswanger addressing the allegations set forth in the plaintiff's complaint.*"

Respectfully submitted,

SHERRER, JONES & TERRY, P.C.

s/Gary C. Sherrer

GARY C. SHERRER, ATTORNEY FOR
THE ABOVE-REFERENCED DEFENDANTS
Alabama Attorney Code No. SHE-016

OF COUNSEL:

SHERRER, JONES & TERRY, P.C.
335 WEST MAIN STREET
DOTHAN, ALABAMA 36301
(334) 678-0100

CERTIFICATE OF SERVICE

I, Gary C. Sherrer, do hereby certify that I have served a copy of the foregoing upon James Long, #169420, Bibb Correctional Facility, 565 Bibb Lane, Brent, Alabama 35034, by placing a copy of same in the United States Mail, postage prepaid and properly addressed on this the 14th day of September, 2007.

s/Gary C. Sherrer

OF COUNSEL

**AFFIDAVIT OF NURSE
GAIL NEISWANGER**

EXHIBIT 1

TO SUPPLEMENT SPECIAL REPORT

Unless otherwise indicted herein, expressly or by the context thereof, I have personal knowledge of the facts and information contained herein. I make this affidavit after review of the subject matter and a review of inmate Long's Houston County Jail inmate medical file in an attempt to address the allegations of Plaintiff in this case.

In addition to funding three full time nurse positions, a full time Certified Physicians Assistant, a doctor contracted as the staff doctor and a registered supervising pharmacist for the provision of medical care to inmates such as the plaintiff, the County Jail provides a general medical clinic for medical problems that may arise in the jail. The medical clinic is held daily, Monday through Friday. The clinic is staffed by the staff physician and/or the Certified Physicians Assistant under the supervision of the physician. The nurses are in the Pods each day passing out inmate medications as well. Thus, inmates are given daily access to nursing services, hospital emergency room services, if necessary, and the general medical clinic. In addition, the doctor or physicians assistant is on call nightly and on weekends so there is generally medical treatment available "on call" to the jail on a 24 hour a day, seven days a week, basis. All inmate requests for medical treatment are forwarded to the jail medical staff to obtain or provide medical treatment as may be needed.

On April 17, 2007, around 4:30 - 5:00 p.m., Sergeant Kirksey came to the jail medical clinic with inmate Long. I was informed that inmate Long was on lockdown and had been searched for contraband, specifically tobacco. Reportedly inmate Long was given cigarettes by another inmate. Inmate Long told me that he indeed had received several cigarettes. Inmate Long told me that he had smoked one of them and had flushed the remaining four cigarettes down the toilet. Later Inmate Long claimed to have otherwise gotten rid of the cigarettes (inference was that he had passed them

to other inmates) and no longer had them. It was reported to me that Sergeant Kirksey had received information that inmate Long had the cigarettes hidden within his rectum in part or parts of a rubber glove. Sergeant Kirksey and Commander Reed told me that they wanted me to perform a rectal examination of inmate Long to see if there was any indication of the presence of contraband hidden within his rectum. It was known to me that the jail has had problems in the past with inmate Long possessing contraband.

When inmate Long is brought to me by Sergeant Kirksey, Commander Reed and other corrections officers for me to perform a rectal examination of inmate Long, inmate Long was wearing a yellow medical gown and flip flops. Inmate Long was repeatedly given the opportunity to produce the contraband but refused. He was taken into an exam room, for the examination. No other inmates were present in the medical clinic during my examination of inmate Long. Inmate Long was bent over onto an exam table but was not in any way "ruffed up [sic]" as inmate Long claims. When inmate Long was bent over onto the examination table he was still in handcuffs. Sergeant Kirksey held inmate Long's left arm and shoulder and Officer Pettie held inmate Long's right arm and shoulder in order to keep inmate Long on the examination bed. Officer Severson held inmate Long's left leg and Officer Moore interlocked his leg with inmate Long's right leg in order to hold the inmate in place for the nurse to perform the search. No other parts of the inmate's body were touched by any corrections officer. My rectal examination of inmate Long was professionally and clinically performed. Using ordinary precautions and K-Y Jelly, I inserted my right index finger into inmate Long's rectum to check for evidence of the presence of a foreign object such as tobacco wrapped in part of a surgical glove. Upon my examination, I was able to feel a foreign object in his rectum consistent with the description given to me of a plastic covered object in his rectum. Because

the foreign object was so deep into inmate Long's rectum, I was unable to retrieve it. During my examination of inmate Long, I felt no stool and there was no evidence of stool on my gloved finger.

At no time during the entire process was inmate Long struck or touched inappropriately in any way. There were no inappropriate comments made by any of the officers present. Sergeant Kirksey never touched inmate Long in the buttock or rectal area. No one "played" and no one said anything about a 2x4 or otherwise "joked" during this process. No one hit or elbowed inmate Long in the face or otherwise during this process. All persons present acted professionally during this unpleasant but necessary procedure.

I left the room for a time and when I returned I was informed that inmate Long had said that he would cooperate and give up the contraband. Thereafter, inmate Long was taken into the central area of medical clinic and the I asked him if he could pass the contraband and inmate Long said yes. The inmate was placed on the toilet in the second exam room. After a couple of minutes the inmate reported to me that he could not pass the contraband. At that point I asked inmate Long if he wanted an enema and he said yes, he would try. I administered the enema using a prepackaged and prelubricated Fleets enema and I also used additional K-Y Jelly for ease of insertion into his rectum. The enema used is called Fleets enema which consists of a prepackaged small plastic bottle of solution with a plastic applicator tip that is between two and three inches in length. The enema was administered without complication and was well tolerated by inmate Long. After the enema, inmate Long inmate sat back on the toilet. After a few minutes all inmate Long appeared to pass was the enema fluid. After that, I obtained a bed pan for use by inmate Long while he was placed in a holding area.

Subsequently, inmate Long's bed pan was brought to me in the medical clinic two different

times. The first time I observed liquid (urine like) and a small amount of light brown particle matter that looked like hydrated tobacco. The second time, I observed a very small amount of liquified stool and what appeared to be tobacco flakes. During my examination of inmate Long I saw no objective signs of blood or bleeding. There was never any blood in the bedpan at any time.

I told Commander Reed at some point that I believed the enema may have washed part of the tobacco from inmate Long's rectum and into the bedpan.

I saw inmate Long several times during the evening of April 17, 2007 and I did not observe any type of injury or bleeding and inmate Long made no complaint of any to me. Inmate Long did claim that he was having a seizure while he was standing at the door to the holding area but he exhibited no objective sign or symptoms of a seizure. Later, inmate Long claimed that he had a cancer on his back, but upon examination, I found no objective evidence of a cancer or cancer type lesion was observed. The third time I saw inmate Long that evening, he began to verbally threaten me and accuse me of being a part of a conspiracy against him.

The following day, April 18, 2007, inmate Long was seen in the jail medical clinic complaining of an allergic reaction. Inmate Long also complained of blood in his stool and of joint soreness. Upon examination, the nurse prepared a full body diagram and mouth diagram of the her findings relative to inmate Long. Following her examination of inmate Long, the nurse reported that inmate Long had no broken teeth, no lip damage and no damage to gums in his mouth. She reported that inmate Long did have some red marks on his wrist, but that they looked to her like he had recently done that to himself. She reported that inmate Long did complain about having rectal bleeding but upon examination no objective evidence, signs or symptoms were of same was observed. Inmate Long was very agitated, used profanity and was verbally abusive to the jail

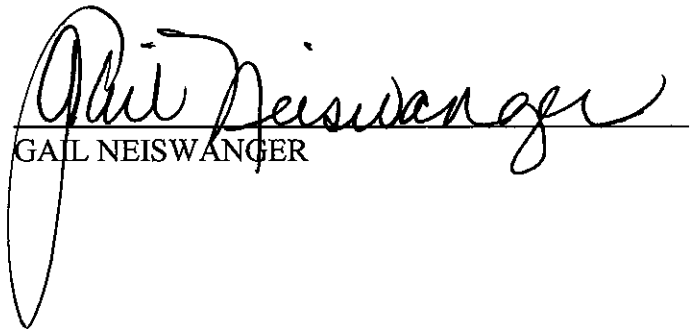
medical staff. As a matter of caution, inmate Long was given a stool sample container to provide the medical staff with a stool sample but inmate Long has not been compliant with the medical staff's instructions to return the sample container with a stool sample for further testing.

On Thursday, April 19, 2007, inmate Long was seen in the jail medical clinic by Dr. Banner and made no complaint of pain and gave no other indication of physical discomfort. Upon examination, Dr. Banner noted the presence of a few red bumps on inmate Long's leg but reported that they appeared to be heat related rather than a true allergic reaction. Inmate Long blamed all of his problems on the staff of the jail, complained that there was a conspiracy against him in the jail and said that he would not see Nurse Neiswanger again. Dr. Banner informed inmate Long that he would be seen by the jail medical staff, including Nurse Neiswanger, based on their availability. Dr. Banner reported that when he would not agree with inmate Long, inmate Long became angry and verbally abusive. At that point, inmate Long was returned to his cell.

The jail medical staff is committed to providing needed medical treatment to every inmate even when the inmate is manipulative, abusive or does not cooperate in his treatment. The jail medical staff makes medical decisions based on medical needs, not the desires of the inmate.

I am one of the custodians of records of inmate medical records in the Houston County Jail. A true and correct copy of plaintiff's jail medical file relative to this case, as maintained by the jail in the ordinary course of its operations as a county jail, is attached hereto as **Exhibit "A"** and is incorporated herein by reference as if fully set forth.

For more detail relative to the medical treatment rendered to the plaintiff, please refer to the copy of his jail medical file which is attached hereto as **Exhibit "A"**.

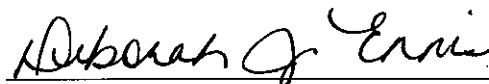

GAIL NEISWANGER

STATE OF ALABAMA,

HOUSTON COUNTY.

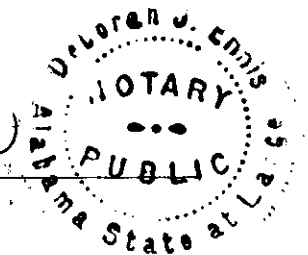
Before me the undersigned authority, personally appeared **Gail Neiswanger**, who being sworn by me according to law, deposes and states that the matters and things alleged in the above Affidavit are true and correct to the best of her information, knowledge and belief.

Sworn to and subscribed before me on this the 13th day of September, 2007.



NOTARY PUBLIC

My Commission Expires: 12-9-2008



PLAINTIFF'S JAIL MEDICAL FILE

EXHIBIT A

**TO AFFIDAVIT OF NURSE
GAIL NEISWANGER**

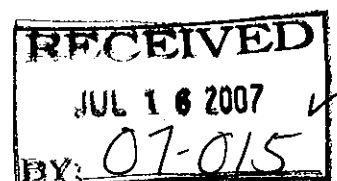
MEDICAL CHART

JAMES LONG

I/M # 55631

SS# 514-84-6990

DOB: 05/07/72



HOUSTON COUNTY JAIL NURSING DEPARTMENT FLOW SHEET

NAME:

Long Jones

D. O. B.

5/7/12

I/M#:

*55631*Start
Date

MEDICATIONS:

Stop
Date

CLINICS:

HIV

COPD

SEIZURE

DIABETIC

HEPATITIS

HYPERTENSION

NURSE
INITIALS

LABS:

DATE: CBC, electrolytes TSH

DATE:

DATE:

DATE:

DATE:

DATE:

DATE:

*gp-
drawn*

<i>4/18/07</i>	<i>1. Tylenol #4 po bid X 14d.</i>	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

MISCELLANEOUS:

PROBLEMS:

DATE:

DATE:

DATE:

DATE:

DATE:

DATE:

N-Pad

NAME: Andres D.O.B. I/M #

Other Diseases:

DATE:	
DATE:	
DATE:	
DATE:	
DATE:	
DATE:	

HOUSTON COUNTY JAIL NURSING DEPARTMENT FLOW SHEET

NAME: Long James D.O.B. 5-7-72 I/M # 55631

MEDICATIONS:

CLINIC'S:

HIV

COPD

SEIZURE

DIABETIC

HEPATITIS

HYPERTENSION

LAB:

NURSE SIG.

10-24-05

DATE Baseline Valproic

DATE

DATE

DATE

DATE

DATE

DATE

DATE

PROBLEMS:

DATE

DATE

DATE

DATE

DATE

11/2/05	1000mg po daily
11/2/05	1000mg po daily
11/2/05	2. Valproic Acid 500mg po qhs
11/2/05	3. Benadryl 50mg po qhs x 3ad
11/2/05	4. Valproic Acid 1000mg po
11/2/05	5. 1K Clonidine 11/03/05
11/2/05	6. Wellbutrin 300mg po qday
11/2/05	7. Benadryl 75mg po qhs for rem of rx
11/2/05	8. Valproic Acid 500mg po qhs
11/2/05	9. Zantac 300mg po qhs
11/2/05	10.

MISCELLANEOUS:

2/22/06 - pm snack

Pg. #

DIABETIC FLOW SHEET

OF FLOW SHEET

WAT not taking

50-100

N-5

Houston County Jail
Medical Receiving Form

Name: Long, James Melvin Race/Sex: w/m D.O.B. 5-7-72
 Date: 3-19-07 Time: 2:00 Doctor: _____
 Booking Officer: Smith Medical Insurance: NIA
 Social Security Number: 514-84-6990 Inmate Number: 55631

VISUAL OBSERVATION:

- | | | |
|---|-----|----|
| 1. IS THE PERSON CONSCIOUS? | YES | NO |
| 2. IS THERE PAIN OR OTHER SYMPTOMS OF NEED FOR EMERGENCY TREATMENT? | YES | NO |
| 3. IS THERE OBVIOUS FEVER OR OTHER EVIDENCE OF INFECTION WHICH MIGHT SPREAD? | YES | NO |
| 4. IS THE SKIN IN GOOD CONDITION AND FREE OF VERMIN? | YES | NO |
| 5. DOES HE/SHE APPEAR TO BE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? | YES | NO |
| 6. ARE THERE ANY VISIBLE SIGNS OF ALCOHOL/DRUG WITHDRAWAL SYMPTOMS? | YES | NO |
| 7. DOES HE/SHE BEHAVE ABNORMALLY? IF YES, EXPLAIN: _____ | YES | NO |
| 8. DOES THE INMATE'S BEHAVIOR SUGGEST THE RISK OF ASSAULT TO STAFF OR OTHERS? | YES | NO |
| 9. DOES THE INMATE HAVE A MEDICAL ALERT CARD/BRACELET OR OTHER MEDICAL INFO.? | YES | NO |

OFFICIAL INMATE QUESTIONNAIRE:

- | | | |
|--|-----|----|
| 10. ARE YOU TAKING MEDICATION FOR <u>DIABETES</u> , <u>HEART DISEASE</u> , <u>SEIZURES</u> , <u>ARTHRITIS</u> ,
ASTHMA, ULCERS, HIGH BLOOD PRESSURE OR PSYCHIATRIC DISORDER? (CIRCLE WHICH) | YES | NO |
| 11. DO YOU HAVE MEDICATION WITH YOU? | YES | NO |
| 12. DO YOU HAVE A HISTORY OF TUBERCULOSIS? | YES | NO |
| 13. DO YOU HAVE A HISTORY OF VENEREAL DISEASE OR ABNORMAL DISCHARGE? | YES | NO |
| 14. HAVE YOU RECENTLY BEEN HOSPITALIZED OR SEEN A DOCTOR FOR ANY REASON?
IF YES, EXPLAIN: _____ | YES | NO |
| 15. ARE YOU ALLERGIC TO ANY MEDICATION? WHAT? _____ | YES | NO |
| 16. ARE YOU ALLERGIC TO ANY FOODS? WHAT? _____ | YES | NO |
| 17. HAVE YOU FAINED RECENTLY OR HAD A HEAD INJURY? | YES | NO |
| 18. DO YOU HAVE <u>EPILEPSY</u> , <u>DIABETES</u> , <u>HEPATITIS</u> , <u>HIV</u> OR ANY CHRONIC ILLNESS? _____ | YES | NO |
| 19. DO YOU HAVE A PAINFUL DENTAL CONDITION? | YES | NO |
| 20. IF FEMALE, ARE YOU PREGNANT? ON BIRTH CONTROL? (CIRCLE WHICH) | YES | NO |
| 21. DO YOU HAVE A SPECIAL DIET PRESCRIBED TO YOU BY A PHYSICIAN? TYPE: _____ | YES | NO |
| 22. DO YOU HAVE ANY OTHER MEDICAL PROBLEM(S) THAT WE SHOULD KNOW ABOUT? | YES | NO |

STATE OF ALABAMA}

HOUSTON COUNTY} MEDICAL RELEASE AUTHORIZATION

KNOW ALL MEN BY THESE PRESENTS, THAT FOR AND IN CONSIDERATION OF HOUSTON COUNTY, ALABAMA, ASSUMING THE FINANCIAL RESPONSIBILITY OR LIABILITY FOR MY MEDICAL OR DOCTOR TREATMENT AND CARE, I DO HEARBY AUTHORIZE ANY SUCH MEDICAL DOCTOR OR HOSPITAL TO RELEASE ANY MEDICAL RECORDS OR INFORMATION TO ANY DULY APPOINTED OR AUTHORIZED REPRESENTATIVE OF HOUSTON COUNTY, ALABAMA.

HOWEVER, THIS MEDICAL RELEASE AUTHORIZATION IS SPECIFICALLY LIMITED TO PROPERLY AUTHORIZED HOUSTON COUNTY PERSONNEL; AND ANY SUCH MEDICAL DOCTOR OR HOSPITAL IS NOT AUTHORIZED TO RELEASE ANY SUCH MEDICAL INFORMATION OR TREATMENT INFORMATION TO ANY OTHER PERSON, COMPANY OR CORPORATION OTHER THAN BY MY FURTHER EXPRESSED AUTHORITY FROM ME AND MY ATTORNEY.

ATTEST:

WITNESS

I, James Melvin Long, AN INMATE IN THE HOUSTON COUNTY JAIL, HAVE BEEN DULY INFORMED AND DO UNDERSTAND THE COST OF HOUSING AND MEDICAL CARE MY BE ASSESSED AGAINST ME AS COST OF COURT, IF I AM CONVICTED OF A MISDEMEANOR IN THE DISTRICT COURT.

SIGNATURE

DATE:

3/9/07

WITNESS:

INMATE HYGIENE FORM

Date: 3-19-07 Shift: 3rd Time: 0550 AM / PMInmate's Name: Long, James Melvin Inmate's #: 55631

The above named inmate was sprayed with the Delousing Agent (hair and body areas). This was left on their hair and body for 10 minutes. The inmate was then instructed to shower to remove this agent.

Inmate's Signature: [Signature]Officer's Signature: [Signature]

ACKNOWLEDGEMENT OF RECEIPT OF ARMBAND

I, James Melvin Long, have received an armband from the Houston County Jail. I am aware that I must wear this armband at all times while incarcerated in the Houston County Jail. I understand that I MUST have the armband on to receive medication, commissary, mail or any other items from the jail staff. If I am caught with out my armband, I am aware that I will receive a sanction. I must turn in the armband upon release from the Houston County Jail. I am also aware that I cannot give this armband to any other inmate.

Inmate's Signature: [Signature]3-19-07

Date

Officer's Signature: [Signature]3-19-07

Date

*Return this form to Nursing with the inmate's Medical Screening

HOUSTON COUNTY SHERIFFS OFFICE

INMATE INFORMATION SHEET

Page 1

BOOKING NO: 070001179

LOCAL ID: 55631

Name : LONG JAMES MELVIN JR

Address: 1988 CO RD 223

City : JACK

State: AL Zip: 36346

Physical Description

Race : WHITE

Hair : BLONDE

Gender: MALE

Eyes: BLUE

Height: 5' 10"

Complexion: UNKNOWN

Weight: 185

DOB: 05/07/1972

Age: 34

Scars/Tattoos:

Personal Information

DL State :

Home Phone: 334 897 1731

DL Number:

Work Phone:

SSN: 514 84 6990

SID:

Booking Information

Arrest Date: 03/19/2007

Booking Officer: HUNTER

Arrest Dept: HCSD

Booking Date: 03/19/2007

Arrest Offcr: BLAIR

Booking Time: 21:00

Search Offcr: 2N SHIFT

Facility: 01

Meal Code: 01

Cell Assignment: N 5

Charge Information

Offense	Fine	Bond	Disposition
PROB VIOL-ESCAPE II	\$00.00	NO BOND	PENDING
PROB VIOL-DOM VIOL II	\$00.00	NO BOND	PENDING

A-706

(B) 444

HOUSTON COUNTY JAIL RECEIVING SCREENING FORM

NAME: Long James M RACE/SEX: W/m D.O.B: 5/7/72
 DATE: 8/23/04 TIME: 2030 DOCTOR: N/A
 BOOKING OFFICER: Hunte MEDICAL INSURANCE: N/A
 SOCIAL SECURITY NUMBER: 514-84-6990 INMATE NUMBER: 55631

VISUAL OPTION:

- A.F.I.
1. IS THE PERSON CONSCIOUS? YES ☒ NO ☐
 2. IS THERE PAIN OR OTHER SYMPTOMS OF NEED FOR EMERGENCY MEDICAL TREATMENT? YES ☐ NO ☒
 3. IS THERE OBVIOUS FEVER OR OTHER EVIDENCE OF INFECTION WHICH MIGHT SPREAD? YES ☐ NO ☒
 4. IS THE SKIN IN GOOD CONDITION AND FREE OF VERMIN? YES ☒ NO ☐
 5. DOES HE/SHE APPEAR TO BE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? YES ☐ NO ☒
 6. ARE THERE ANY VISIBLE SIGNS OF ALCOHOL/DRUG WITHDRAWAL SYMPTOMS? YES ☐ NO ☒
 7. DOES HE/SHE BEHAVE ABNORMALLY? EXPLAIN _____ YES ☐ NO ☒

8. DOES THE INMATES BEHAVIOR SUGGEST THE RISK OF ASSAULT TO STAFF OR OTHERS? YES ☐ NO ☒
9. DOES THE INMATE HAVE A MEDICAL ALERT CARD OR OTHER MEDICAL INFORMATION? YES ☐ NO ☒

OFFICIAL - INMATE QUESTIONNAIRE:

States Quit taking meds

10. ARE YOU TAKING MEDICATION FOR DIABETES, HEART DISEASE, SEIZURES, ARTHRITIS, ASTHMA, ULCERS, HIGH BLOOD PRESSURE, OR PSYCHIATRIC DISORDER? (CIRCLE WHICH) YES ☐ NO ☒

11. DO YOU HAVE MEDICATION WITH YOU? YES ☐ NO ☒
12. DO YOU HAVE A HISTORY OF TUBERCULOSIS? YES ☐ NO ☒
13. DO YOU HAVE A HISTORY OF VENEREAL DISEASE OR ABNORMAL DISCHARGE? YES ☐ NO ☒
14. HAVE YOU RECENTLY BEEN HOSPITALIZED OR RECENTLY SEEN A DOCTOR FOR ANY REASON? IF YES, EXPLAIN: _____ YES ☐ NO ☒

15. ARE YOU ALLERGIC TO ANY MEDICATION? WHAT? _____ YES ☐ NO ☒
16. HAVE YOU FAINTED RECENTLY OR HAD A HEAD INJURY? YES ☐ NO ☒
17. DO YOU HAVE EPILEPSY, DIABETES, HEPATITIS, OR ANY CHRONIC ILLNESS? _____ YES ☐ NO ☒
18. DO YOU HAVE A PAINFUL DENTAL CONDITION? YES ☐ NO ☒
19. IF FEMALE, ARE YOU PREGNANT? ON BIRTH CONTROL PILLS? (CIRCLE WHICH) YES ☐ NO ☒
20. DO YOU HAVE A SPECIAL DIET PRESCRIBED BY A PHYSICIAN? TYPE _____ YES ☐ NO ☒

21. DO YOU HAVE ANY OTHER MEDICAL PROBLEM WE SHOULD KNOW ABOUT? YES ☐ NO ☒

REMARKS: _____

STATE OF ALABAMA}
HOUSTON COUNTY}

MEDICAL RELEASE AUTHORIZATION

KNOW ALL MEN BY THESE PRESENTS, THAT FOR AND IN CONSIDERATION OF HOUSTON COUNTY, ALABAMA, ASSUMING THE FINANCIAL RESPONSIBILITY OR LIABILITY FOR MY MEDICAL OR DOCTOR TREATMENT AND CARE, I DO HEREBY AUTHORIZE ANY SUCH MEDICAL DOCTOR OR HOSPITAL TO RELEASE ANY MEDICAL RECORDS OR INFORMATION TO ANY DULY APPOINTED OR AUTHORIZED REPRESENTATIVE OF HOUSTON COUNTY, ALABAMA.

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ATTEST:

2. Hunter
WITNESS

James Long

I, Long James M, AN INMATE IN THE HOUSTON COUNTY JAIL, HAVE BEEN DULY INFORMED AND DO UNDERSTAND THE COST OF HOUSING AND MEDICAL CARE MAY BE ASSESSED AGAINST ME AS COST OF COURT, IF I AM CONVICTED OF A MISDEMEANOR IN THE DISTRICT COURT.

James Long
SIGNATURE

DATE: 8/23/06

WITNESS: Hunter

INMATE HYGIENE FORM

Date: 8/23/06 Shift: 3rd Time: 12:01 (AM) PMInmate's Name: Long James M Inmate's #: 55631

The above named inmate was sprayed with the Delousing Agent (hair and body areas). This was left on their hair and body for 10 minutes. The inmate was then instructed to shower to remove this agent.

Inmate's Signature: James Long

Officer's Signature: Lux

ACKNOWLEDGEMENT OF RECEIPT OF ARMBAND

I, _____, have received an armband from the Houston County Jail. I am aware that I must wear this armband at all times while incarcerated in the Houston County Jail. I understand that I MUST have the armband on to receive medication, commissary, mail or any other items from the jail staff. If I am caught with out my armband, I am aware that I will receive a sanction. I must turn in the armband upon release from the Houston County Jail. I am also aware that I cannot give this armband to any other inmate.

James Long
Inmate's Signature

8/23/06
Date

Hunter
Officer's Signature

8/23/06
Date

*Return this form to Nursing with the inmate's Medical Screening Form.

HOUSTON COUNTY SHERIFFS OFFICE

INMATE INFORMATION SHEET

Page 1

BOOKING NO: 060003206

LOCAL ID: 55631

Name : LONG JAMES MELVIN JR

Address: RT 1 BOX 55

City : JACK

State: AL Zip: 36346

Physical Description

Race : WHITE

Hair : BLONDE

Gender: MALE

Eyes: BLUE

Height: 5 ' 10 "

Complexion: UNKNOWN

Weight: 185

DOB: 05/07/1972

Age: 34

Scars/Tattoos:

Personal Information

DL State :

Home Phone: 334 897 1731

DL Number:

Work Phone:

SSN: 514 84 6990

SID:

Booking Information

Arrest Date: 08/23/2006

Booking Officer: HUNTER

Arrest Dept: HCJ

Booking Date: 08/23/2006

Arrest Offcr: C/OLANEY

Booking Time: 20:30

Search Offcr: FITZGERALD

Facility: 01

Meal Code: 01

Cell Assignment: A POD

Charge Information

Offense	Fine	Bond	Disposition
ESCAPE 2	\$00.00	10,000	PENDING
DOMESTIC VIOLENCE II	\$00.00	NO BOND	PENDING

Buller
169420

HOUS ON COUNTY JAIL RECEIVING SCREENING FORM

NAME: JAMES LINT RACE/SEX: M D.O.B: 5-7-72

DATE: 5/3/06 TIME: _____ DOCTOR: _____

BOOKING OFFICER: C. L. W. MEDICAL INSURANCE: _____

SOCIAL SECURITY NUMBER: 514 - 84 6990 INMATE NUMBER: SS631

VISUAL OPTION:

1. IS THE PERSON CONSCIOUS?
2. IS THERE PAIN OR OTHER SYMPTOMS OF NEED FOR EMERGENCY MEDICAL TREATMENT?
3. IS THERE OBVIOUS FEVER OR OTHER EVIDENCE OF INFECTION WHICH MIGHT SPREAD?
4. IS THE SKIN IN GOOD CONDITION AND FREE OF VERMIN?
5. DOES HE/SHE APPEAR TO BE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?
6. ARE THERE ANY VISIBLE SIGNS OF ALCOHOL/DRUG WITHDRAWAL SYMPTOMS?
7. DOES HE/SHE BEHAVE ABNORMALLY? - EXPLAIN _____

YES NO
YES NO
YES NO
YES NO
YES NO
YES NO
YES NO

8. DOES THE INMATES BEHAVIOR SUGGEST THE RISK OF ASSAULT TO STAFF OR OTHERS?
9. DOES THE INMATE HAVE A MEDICAL ALERT CARD OR OTHER MEDICAL INFORMATION?

YES NO
YES NO

OFFICIAL - INMATE QUESTIONNAIRE:

10. ARE YOU TAKING MEDICATION FOR DIABETES, HEART DISEASE, SEIZURES, ARTHRITIS, ASTHMA, ULCERS, HIGH BLOOD PRESSURE, OR PSYCHIATRIC DISORDER? (CIRCLE WHICH):
11. DO YOU HAVE MEDICATION WITH YOU?
12. DO YOU HAVE A HISTORY OF TUBERCULOSIS?
13. DO YOU HAVE A HISTORY OF VENEREAL DISEASE OR ABNORMAL DISCHARGE?
14. HAVE YOU RECENTLY BEEN HOSPITALIZED OR RECENTLY SEEN A DOCTOR FOR ANY REASON?
IF YES, EXPLAIN: _____
15. ARE YOU ALLERGIC TO ANY MEDICATION? WHAT? _____
16. HAVE YOU FAINTED RECENTLY OR HAD A HEAD INJURY?
17. DO YOU HAVE EPILEPSY, DIABETES, HEPATITIS, OR ANY CHRONIC ILLNESS? _____
18. DO YOU HAVE A PAINFUL, DENTAL CONDITION?
19. IF FEMALE, ARE YOU PREGNANT? ON BIRTH CONTROL PILLS? (CIRCLE WHICH)
20. DO YOU HAVE A SPECIAL DIET PRESCRIBED BY A PHYSICIAN? TYPE SNACK

YES NO
YES NO
YES NO
YES NO
YES NO
YES NO
YES NO
YES NO
YES NO
YES NO

21. DO YOU HAVE ANY OTHER MEDICAL PROBLEM WE SHOULD KNOW ABOUT?

YES NO

REMARKS: Arch Nerve

STATE OF ALABAMA}
HOUSTON COUNTY}

MEDICAL RELEASE AUTHORIZATION

KNOW ALL MEN BY THESE PRESENTS, THAT FOR AND IN CONSIDERATION OF HOUSTON COUNTY, ALABAMA, ASSUMING THE FINANCIAL RESPONSIBILITY OR LIABILITY FOR MY MEDICAL OR DOCTOR TREATMENT AND CARE, I DO HEREBY AUTHORIZE ANY SUCH MEDICAL DOCTOR OR HOSPITAL TO RELEASE ANY MEDICAL RECORDS OR INFORMATION TO ANY DULY APPOINTED OR AUTHORIZED REPRESENTATIVE OF HOUSTON COUNTY, ALABAMA.

HOWEVER, THIS MEDICAL RELEASE AUTHORIZATION IS SPECIFICALLY LIMITED TO PROPERLY AUTHORIZED HOUSTON COUNTY PERSONNEL; AND ANY SUCH MEDICAL DOCTOR OR HOSPITAL IS NOT AUTHORIZED TO RELEASE ANY SUCH MEDICAL INFORMATION OR TREATMENT INFORMATION TO ANY OTHER PERSON, COMPANY, OR CORPORATION, OTHER THAN BY MY FURTHER EXPRESSED AUTHORITY FROM ME AND MY ATTORNEY.

ATTEST:


WITNESS

I, _____, AN INMATE IN THE HOUSTON COUNTY JAIL, HAVE BEEN DULY INFORMED AND DO UNDERSTAND THE COST OF HOUSING AND MEDICAL CARE MAY BE ASSESSED AGAINST ME AS COST OF COURT, IF I AM CONVICTED OF A MISDEMEANOR IN THE DISTRICT COURT.

x 
SIGNATURE

DATE: 5/3/06

WITNESS: 

INMATE HYGIENE FORMDate: 5/3/6 Shift: 2nd Time: _____ AM / PMInmate's Name: JAMES LONG Inmate's #: 55631

The above named inmate was sprayed with the Delousing Agent (hair and body areas). This was left on their hair and body for 10 minutes. The inmate was then instructed to shower to remove this agent.

Inmate's Signature: [Signature]
 Officer's Signature: [Signature]

ACKNOWLEDGEMENT OF RECEIPT OF ARMBAND

I, _____, have received an armband from the Houston County Jail. I am aware that I must wear this armband at all times while incarcerated in the Houston County Jail. I understand that I MUST have the armband on to receive medication, commissary, mail or any other items from the jail staff. If I am caught with out my armband, I am aware that I will receive a sanction. I must turn in the armband upon release from the Houston County Jail. I am also aware that I cannot give this armband to any other inmate.

[Signature]
 Inmate's Signature

5/3/6
 Date

[Signature]
 Officer's Signature

5/3/6
 Date

*Return this form to Nursing with the inmate's Medical Screening Form.



ront

HOUSTON COUNTY JAIL RECEIVING SCREENING FORM

A

NAME: James Long RACE/SEX: WM D.O.B: 5-7-72
 DATE: 2/20/06 TIME: 1445 DOCTOR: _____
 BOOKING OFFICER: Cuvel MEDICAL INSURANCE: _____
 SOCIAL SECURITY NUMBER: 514 - 84 - 6990 INMATE NUMBER: SS631

VISUAL OPTION:

- | | | |
|--|-----|----|
| 1. IS THE PERSON CONSCIOUS? | YES | NO |
| 2. IS THERE PAIN OR OTHER SYMPTOMS OF NEED FOR EMERGENCY MEDICAL TREATMENT? | YES | NO |
| 3. IS THERE OBVIOUS FEVER OR OTHER EVIDENCE OF INFECTION WHICH MIGHT SPREAD? | YES | NO |
| 4. IS THE SKIN IN GOOD CONDITION AND FREE OF VERMIN? | YES | NO |
| 5. DOES HE/SHE APPEAR TO BE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? | YES | NO |
| 6. ARE THERE ANY VISIBLE SIGNS OF ALCOHOL/DRUG WITHDRAWAL SYMPTOMS? | YES | NO |
| 7. DOES HE/SHE BEHAVE ABNORMALLY? EXPLAIN _____ | YES | NO |

- | | | |
|--|-----|----|
| 8. DOES THE INMATES BEHAVIOR SUGGEST THE RISK OF ASSAULT TO STAFF OR OTHERS? | YES | NO |
| 9. DOES THE INMATE HAVE A MEDICAL ALERT CARD OR OTHER MEDICAL INFORMATION? | YES | NO |

OFFICIAL - INMATE QUESTIONNAIRE:

- | | | |
|---|-----|----|
| 10. ARE YOU TAKING MEDICATION FOR DIABETES, HEART DISEASE, SEIZURES, ARTHRITIS, ASTHMA, ULCERS, HIGH BLOOD PRESSURE, OR PSYCHIATRIC DISORDER? (CIRCLE WHICH). | YES | NO |
| 11. DO YOU HAVE MEDICATION WITH YOU? | YES | NO |
| 12. DO YOU HAVE A HISTORY OF TUBERCULOSIS? | YES | NO |
| 13. DO YOU HAVE A HISTORY OF VENEREAL DISEASE OR ABNORMAL DISCHARGE? | YES | NO |
| 14. HAVE YOU RECENTLY BEEN HOSPITALIZED OR RECENTLY SEEN A DOCTOR FOR ANY REASON?
IF YES, EXPLAIN: _____ | YES | NO |
| 15. ARE YOU ALLERGIC TO ANY MEDICATION? WHAT? _____ | YES | NO |
| 16. HAVE YOU FAINTED RECENTLY OR HAD A HEAD INJURY? | YES | NO |
| 17. DO YOU HAVE EPILEPSY, DIABETES, HEPATITIS, OR ANY CHRONIC ILLNESS? _____ | YES | NO |
| 18. DO YOU HAVE A PAINFUL DENTAL CONDITION? | YES | NO |
| 19. IF FEMALE, ARE YOU PREGNANT? ON BIRTH CONTROL PILLS? (CIRCLE WHICH) | YES | NO |
| 20. DO YOU HAVE A SPECIAL DIET PRESCRIBED BY A PHYSICIAN? TYPE <u>SNAck w/meds</u> | YES | NO |

- | | | |
|---|-----|----|
| 21. DO YOU HAVE ANY OTHER MEDICAL PROBLEM WE SHOULD KNOW ABOUT?
REMARKS: _____ | YES | NO |
|---|-----|----|

STATE OF ALABAMA}
HOUSTON COUNTY}

MEDICAL RELEASE AUTHORIZATION

KNOW ALL MEN BY THESE PRESENTS, THAT FOR AND IN CONSIDERATION OF HOUSTON COUNTY, ALABAMA, ASSUMING THE FINANCIAL RESPONSIBILITY OR LIABILITY FOR MY MEDICAL OR DOCTOR TREATMENT AND CARE, I DO HEREBY AUTHORIZE ANY SUCH MEDICAL DOCTOR OR HOSPITAL TO RELEASE ANY MEDICAL RECORDS OR INFORMATION TO ANY DULY APPOINTED OR AUTHORIZED REPRESENTATIVE OF HOUSTON COUNTY, ALABAMA.

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ATTEST:

WITNESS

I, _____, AN INMATE IN THE HOUSTON COUNTY JAIL, HAVE BEEN DULY INFORMED AND DO UNDERSTAND THE COST OF HOUSING AND MEDICAL CARE MAY BE ASSESSED AGAINST ME AS COST OF COURT, IF I AM CONVICTED OF A MISDEMEANOR IN THE DISTRICT COURT.

SIGNATURE

DATE:

WITNESS:

INMATE HYGIENE FORMDate: 2/20/06 Shift: 2nd Time: _____ AM / PMInmate's Name: James Long Inmate's #: _____

The above named inmate was sprayed with the Delousing Agent (hair and body areas). This was left on their hair and body for 10 minutes. The inmate was then instructed to shower to remove this agent.

Inmate's Signature: X James LongOfficer's Signature: [Signature]**ACKNOWLEDGEMENT OF RECEIPT OF ARMBAND**

I, James Long, have received an armband from the Houston County Jail. I am aware that I must wear this armband at all times while incarcerated in the Houston County Jail. I understand that I MUST have the armband on to receive medication, commissary, mail or any other items from the jail staff. If I am caught with out my armband, I am aware that I will receive a sanction. I must turn in the armband upon release from the Houston County Jail. I am also aware that I cannot give this armband to any other inmate.

Inmate's Signature: X James Long2/20/06
DateOfficer's Signature: [Signature]2/20/06
Date

*Return this form to Nursing with the inmate's Medical Screening Form.

HOUSTON COUNTY SHERIFFS OFFICE

INMATE INFORMATION SHEET

Page 1

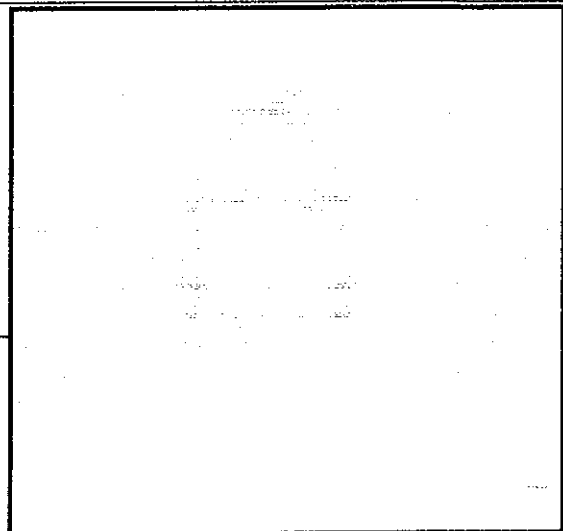
BOOKING NO: 060000616

LOCAL ID: 55631

Name : LONG JAMES MELVIN JR

Address: RT 1 BOX 55

City : JACK State: AL Zip: 36346

Physical Description

Race : WHITE Hair : BLONDE
 Gender: MALE Eyes: BLUE
 Height: 5' 10" Complexion: UNKNOWN
 Weight: 185 DOB: 05/07/1972 Age: 33
 Scars/Tattoos:

Personal Information

DL State : Home Phone: 334 897 1731
 DL Number: Work Phone:
 SSN: 514 84 6990
 SID:

Booking Information

Arrest Date: 02/20/2006 Booking Officer: CULVER
 Arrest Dept: STATE/HCSO Booking Date: 02/20/2006
 Arrest Offcr: KIRKSEY/ Booking Time: 16:56
 Search Offcr: Facility: 01
 Meal Code: 01 Cell Assignment:

Charge Information

Offense	Fine	Bond	Disposition
FROM STATE	\$00.00	0	PENDING
WRIT ESCAPE	\$00.00		PENDING

HOUSTON COUNTY JAIL RECEIVING SCREENING FORM

A

NAME: Long, James RACE/SEX: W/M D.O.B: 05-07-1972
 DATE: 10-21-05 TIME: 8:13 DOCTOR: —
 BOOKING OFFICER: Small MEDICAL INSURANCE: —
 SOCIAL SECURITY NUMBER: 514 - 84 - 6990 INMATE NUMBER: 55631

VISUAL OPTION:

- | | | |
|--|-----|----|
| 1. IS THE PERSON CONSCIOUS? | YES | NO |
| 2. IS THERE PAIN OR OTHER SYMPTOMS OF NEED FOR EMERGENCY MEDICAL TREATMENT? | YES | NO |
| 3. IS THERE OBVIOUS FEVER OR OTHER EVIDENCE OF INFECTION WHICH MIGHT SPREAD? | YES | NO |
| 4. IS THE SKIN IN GOOD CONDITION AND FREE OF VERMIN? | YES | NO |
| 5. DOES HE/SHE APPEAR TO BE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? | YES | NO |
| 6. ARE THER ANY VISIBLE SIGNS OF ALCOHOL/DRUG WITHDRAWAL SYMPTONS? | YES | NO |
| 7. DOES HE/SHE BEHAVE ABNORMALLY? EXPLAIN _____ | YES | NO |
| | | |
| 8. DOES THE INMATES BEHAVIOR SUGGEST THE RISK OF ASSAULT TO STAFF OR OTHERS? | YES | NO |
| 9. DOES THE INMATE HAVE A MEDICAL ALERT CARD OR OTHER MEDICAL INFORMATION? | YES | NO |

OFFICIAL - INMATE QUESTIONNAIRE:

- | | | |
|---|-----|----|
| 10. ARE YOU TAKING MEDICATION FOR DIABETES, HEART DISEASE, SEIZURES, ARTHRITIS, ASTHMA, ULCERS, HIGH BLOOD PRESSURE, OR PSYCHIATRIC DISORDER? (CIRCLE WHICH). | YES | NO |
| 11. DO YOU HAVE MEDICATION WITH YOU? | YES | NO |
| 12. DO YOU HAVE A HISTORY OF TUBERCULOSIS? | YES | NO |
| 13. DO YOU HAVE A HISTORY OF VENEREAL DISEASE OR ABNORMAL DISCHARGE? | YES | NO |
| 14. HAVE YOU RECENTLY BEEN HOSPITALIZED OR RECENTLY SEEN A DOCTOR FOR ANY REASON?
IF YES, EXPLAIN: _____ | YES | NO |
| 15. ARE YOU ALLERGIC TO ANY MEDICATION? WHAT? _____ | YES | NO |
| 16. HAVE YOU FAINTED RECENTLY OR HAD A HEAD INJURY? | YES | NO |
| 17. DO YOU HAVE EPILEPSY, DIABETES, HEPATITIS, OR ANY CHRONIC ILLNESS? _____ | YES | NO |
| 18. DO YOU HAVE A PAINFUL, DENTAL CONDITION? | YES | NO |
| 19. IF FEMALE, ARE YOU PREGNANT? ON BIRTH CONTROL PILLS? (CIRCLE WHICH) | YES | NO |
| 20. DO YOU HAVE A SPECIAL DIET PRESCRIBED BY A PHYSICIAN? TYPE <u>NO fish!</u> | YES | NO |
| | | |
| 21. DO YOU HAVE ANY OTHER MEDICAL PROBLEM WE SHOULD KNOW ABOUT?
REMARKS: _____ | YES | NO |

STATE OF ALABAMA}
HOUSTON COUNTY}

MEDICAL RELEASE AUTHORIZATION

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ATTEST:

WITNESS:

I, James Long, AN INMATE IN THE HOUSTON COUNTY JAIL, HAVE BEEN DULY INFORMED AND DO UNDERSTAND THE COST OF HOUSING AND MEDICAL CARE MAY BE ASSESSED AGAINST ME AS COST OF COURT, IF I AM CONVICTED OF A MISDEMEANOR IN THE DISTRICT COURT.

SIGNATURE

DATE:

WITNESS:

HOUSTON COUNTY SHERIFFS OFFICE

INMATE INFORMATION SHEET

Page 1

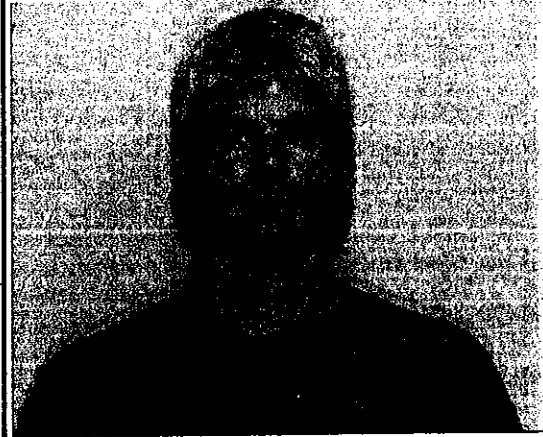
BOOKING NO: 050004087

LOCAL ID: 55631

Name : LONG JAMES MELVIN JR

Address: RT 1 BOX 55

City : JACK State: AL Zip: 36346

Physical Description

Race : WHITE

Hair : BLONDE

Gender: MALE

Eyes: BLUE

Height: 5 ' 10 "

Complexion: UNKNOWN

Weight: 185

DOB: 05/07/1972 Age: 33

Scars/Tattoos:

Personal Information

DL State :

Home Phone: 334 897 1731

DL Number:

Work Phone:

SSN: 514 84 6990

SID:

Booking Information

Arrest Date: 10/21/2005

Booking Officer: SMALL

Arrest Dept: HCSD

Booking Date: 10/21/2005

Arrest Offcr: REICHERT

Booking Time: 09:09

Search Offcr: RODGERS

Facility: 01

Meal Code: 01

Cell Assignment: A FLOOR

Charge Information

Offense

Fine

Bond

Disposition

ESCAPE 2ND

\$00.00

10,000

PENDING

HOUSTON COUNTY JAIL RECEIVING SCREENING FORM

NAME: Long, James melvin RACE/SEX: w/m D.O.B: 5-7-72
 DATE: 3-10-05 TIME: 00:14 DOCTOR: _____
 BOOKING OFFICER: H Carter MEDICAL INSURANCE: _____
 SOCIAL SECURITY NUMBER: 514 - 84 - 10990 INMATE NUMBER: 55431

VISUAL OPTION:

A FLOOR

1. IS THE PERSON CONSCIOUS? _____
2. IS THERE PAIN OR OTHER SYMPTOMS OF NEED FOR EMERGENCY MEDICAL TREATMENT? _____
3. IS THERE OBVIOUS FEVER OR OTHER EVIDENCE OF INFECTION WHICH MIGHT SPREAD? _____
4. IS THE SKIN IN GOOD CONDITION AND FREE OF VERMIN? _____
5. DOES HE/SHE APPEAR TO BE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? _____
6. ARE THER ANY VISIBLE SIGNS OF ALCOHOL/DRUG WITHDRAWAL SYMPTOMS? _____
7. DOES HE/SHE BEHAVE ABNORMALLY? EXPLAIN _____

YES NO
 YES NO
 YES NO
 YES NO
 YES NO
 YES NO
 YES NO

8. DOES THE INMATES BEHAVIOR SUGGEST THE RISK OF ASSAULT TO STAFF OR OTHERS? _____
9. DOES THE INMATE HAVE A MEDICAL ALERT CARD OR OTHER MEDICAL INFORMATION? _____

YES NO
 YES NO

OFFICIAL - INMATE QUESTIONNAIRE:

10. ARE YOU TAKING MEDICATION FOR DIABETES, HEART DISEASE, SEIZURES, ARTHRITIS, ASTHMA, ULCERS, HIGH BLOOD PRESSURE, OR PSYCHIATRIC DISORDER? (CIRCLE WHICH) is taking no medication at this time

YES NO

11. DO YOU HAVE MEDICATION WITH YOU? _____
12. DO YOU HAVE A HISTORY OF TUBERCULOSIS? _____
13. DO YOU HAVE A HISTORY OF VENEREAL DISEASE OR ABNORMAL DISCHARGE? _____
14. HAVE YOU RECENTLY BEEN HOSPITALIZED OR RECENTLY SEEN A DOCTOR FOR ANY REASON? IF YES, EXPLAIN: _____

YES NO
 YES NO
 YES NO
 YES NO

15. ARE YOU ALLERGIC TO ANY MEDICATION? WHAT? _____
16. HAVE YOU FAINTED RECENTLY OR HAD A HEAD INJURY? _____
17. DO YOU HAVE EPILEPSY, DIABETES, HEPATITIS, OR ANY CHRONIC ILLNESS? _____
18. DO YOU HAVE A PAINFUL, DENTAL CONDITION? broke tooth front
19. IF FEMALE, ARE YOU PREGNANT? ON BIRTH CONTROL PILLS? (CIRCLE WHICH)
20. DO YOU HAVE A SPECIAL DIET PRESCRIBED BY A PHYSICIAN? TYPE _____

YES NO
 YES NO
 YES NO
 YES NO
 YES NO
 YES NO

21. DO YOU HAVE ANY OTHER MEDICAL PROBLEM WE SHOULD KNOW ABOUT? REMARKS: _____

YES NO

STATE OF ALABAMA}
HOUSTON COUNTY}

MEDICAL RELEASE AUTHORIZATION

KNOW ALL MEN BY THESE PRESENTS, THAT FOR AND IN CONSIDERATION OF HOUSTON COUNTY, ALABAMA, ASSUMING THE FINANCIAL RESPONSIBILITY OR LIABILITY FOR MY MEDICAL OR DOCTOR TREATMENT AND CARE, I DO HEREBY AUTHORIZE ANY SUCH MEDICAL DOCTOR OR HOSPITAL TO RELEASE ANY MEDICAL RECORDS OR INFORMATION TO ANY DULY APPOINTED OR AUTHORIZED REPRESENTATIVE OF HOUSTON COUNTY, ALABAMA.

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ATTEST:

Shirley Hunter
WITNESS

James Long

I, James Melvin Long Jr., AN INMATE IN THE HOUSTON COUNTY JAIL, HAVE BEEN DULY INFORMED AND DO UNDERSTAND THE COST OF HOUSING AND MEDICAL CARE MAY BE ASSESSED AGAINST ME AS COST OF COURT, IF I AM CONVICTED OF A MISDEMEANOR IN THE DISTRICT COURT.

James Long
SIGNATURE

DATE: 3-10-5

WITNESS: Shirley Hunter

INMATE INFORMATION SHEET

Page 1

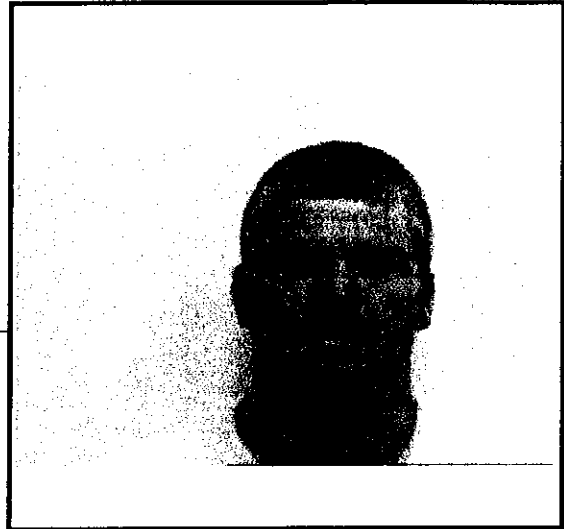
BOOKING NO: 050001029

LOCAL ID: 55631

Name : LONG JAMES MELVIN JR

Address: RT 1 BOX 55

City : JACK State: AL Zip: 36346



Physical Description

Race : WHITE Hair : BLONDE
Gender: MALE Eyes: BLUE
Height: 5 ' 10 " Complexion: UNKNOWN
Weight: 185 DOB: 05/07/1972 Age: 32
Scars/Tattoos:

Personal Information

DL State : Home Phone: 334 897 1731
DL Number: Work Phone:
SSN: 514 84 6990
SID:

Booking Information

Arrest Date: 03/10/2005 Booking Officer: HUNTER
Arrest Dept: HCSD Booking Date: 03/10/2005
Arrest Offcr: GARDNER Booking Time: 00:14
Search Offcr: PEARSON Facility: 01
Meal Code: 01 Cell Assignment:

Charge Information

Offense	Fine	Bond	Disposition
FTA DOM VIOL 2	\$00.00	20,000	PENDING

WIREGRASS MENTAL HEALTH BOARD, INC.
dba SpectraCare
PHI AUTHORIZATION-RELEASE OF INFORMATION

I, James Long, hereby authorize SpectraCare to obtain from or
 release to Houston County Jail, information regarding
James Long, 5-7-72, 514-81-6940
 Client's Name Date of Birth Social Security Number

The following information is requested or provided:

<input checked="" type="checkbox"/> Clinical Intake or Assessment	<input checked="" type="checkbox"/> Case Summary
<input checked="" type="checkbox"/> Current Medications (Drug Use Profile)	<input checked="" type="checkbox"/> Alcohol/Drug Abuse Treatment Information
<input checked="" type="checkbox"/> Treatment Plans (Case Formulation)	<input checked="" type="checkbox"/> Psychometric Testing Results
<input checked="" type="checkbox"/> Termination of Services Sheet	<input checked="" type="checkbox"/> DYS Information
<input checked="" type="checkbox"/> Axis I and Axis II Diagnoses	<input checked="" type="checkbox"/> FIND Team Information
<input checked="" type="checkbox"/> Axis III Diagnoses	<input checked="" type="checkbox"/> Case Management
<input checked="" type="checkbox"/> Consultation	<input checked="" type="checkbox"/> Teachers observations; progress notes; testing achievement scores
<input checked="" type="checkbox"/> Court Evaluation	<input checked="" type="checkbox"/> Psychiatric/Psychological Evaluation
<input checked="" type="checkbox"/> Doctors' Progress Notes	<input checked="" type="checkbox"/> Any information relevant to client's care
<input checked="" type="checkbox"/> Progress Notes	<input checked="" type="checkbox"/> Emergency Notification
<input checked="" type="checkbox"/> Other - specify	

The purpose of this disclosure is:

☒ for legal purposes
☒ for insurance purposes
☒ for disability determination
☒ for other - specify

☒ to facilitate evaluation
☒ for client as requested by client
☒ for continuity of care

Treatment will not be denied on refusal to sign an authorization (release of information) except when treatment is for the purpose of providing research-related information and authorization (release of information) provides for the use and disclosure of public health information for such research. The only other reason that treatment can be denied for refusal to sign an authorization (release of information) is when treatment is solely for the purpose of creating public health information to disclose to a third party and the authorization is for the disclosure of the PHI to that third party.

This authorization (release of information) may be ended at any time by the client (parent or guardian if a minor). Ending the consent will not cancel any action that has already been taken as allowed by the authorization. Unless the client wishes to cancel this consent at an earlier time, it will automatically expire 1 year from the date below unless otherwise specified in the block below:

3-15-05
 Date Signed

3-15-05
 Date Witnessed

James Long
 Signature of Client and/or Person Authorized to sign for client

Margaret Norman LHM
 Signature of Witness

(You have the right to revoke this authorization (release of information) at any time. (Exceptions to the right to revoke a release of information (authorization) are listed in the Wiregrass Mental Health Privacy notice—effective April 14, 2003). Indicate here, if you would like for this release to expire by a different date and/or event or condition.

- a. Other Event/Condition: one year from date signed
 b. Specified Date: 3-15-06

It is understood that the duration of this consent will not be longer than would be necessary and reasonable to carry out the purpose for which it is given.

NOTE TO PARTY RECEIVING INFORMATION: This information has been disclosed to you from records whose confidentiality is protected by federal and state laws. Substance Abuse Public Health Information cannot be further disclosed without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. Such general authorization for the release of medical or other information is not sufficient for this purpose. (This form meets the requirements of Federal Regulation 42CFR Part 2.) All other Public Health Information may be redisclosed by the recipient and no longer be protected by the Privacy Rule.

HOUSTON COUNTY JAIL NURSING DEPARTMENT FLOW SHEET

NAME: Long James D.O.B. 5-7-72 I/M # 55631

MEDICATIONS:

CLINIC'S:

- 3/132
1. Wellbutrin 200mg TPO until
QD
 2. Trileptal 150mg TPO
QD
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
 - 9.
 - 10.

HIV _____
COPD _____
SEIZURE _____
DIABETIC _____
HEPATITIS _____
HYPERTENSION _____

LAB:

NURSE SIG.

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

PROBLEMS:

DATE

DATE

DATE

DATE

DATE

MISCELLANEOUS:

12/10/09 Depression

Pg. #

DIABETIC FLOW SHEET _____ BP FLOW SHEET _____

HOUSTON COUNTY JAIL RECEIVING SCREENING FORM

M-16

HAS OWN MEDS IN
NURSINGNAME: Long James McKin Jr RACE/SEX: W/M D.O.B: 5-7-72DATE: 3-21-04 TIME: _____ DOCTOR: _____BOOKING OFFICER: McL MEDICAL INSURANCE: _____SOCIAL SECURITY NUMBER: 514 - 84 - 1890 INMATE NUMBER: 55631**VISUAL OPTION:**

- | | | |
|--|--------------------------------------|-------------------------------------|
| 1. IS THE PERSON CONSCIOUS? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 2. IS THERE PAIN OR OTHER SYMPTOMS OF NEED FOR EMERGENCY MEDICAL TREATMENT? | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| 3. IS THERE OBVIOUS FEVER OR OTHER EVIDENCE OF INFECTION WHICH MIGHT SPREAD? | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| 4. IS THE SKIN IN GOOD CONDITION AND FREE OF VERMIN? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 5. DOES HE/SHE APPEAR TO BE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| 6. ARE THERE ANY VISIBLE SIGNS OF ALCOHOL/DRUG WITHDRAWAL SYMPTOMS? | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| 7. DOES HE/SHE BEHAVE ABNORMALLY? EXPLAIN _____ | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| | | |
| 8. DOES THE INMATES BEHAVIOR SUGGEST THE RISK OF ASSAULT TO STAFF OR OTHERS? | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| 9. DOES THE INMATE HAVE A MEDICAL ALERT CARD OR OTHER MEDICAL INFORMATION? | <input type="radio"/> YES | <input checked="" type="radio"/> NO |

OFFICIAL - INMATE QUESTIONNAIRE:

- | | | |
|--|--------------------------------------|-------------------------------------|
| 10. ARE YOU TAKING MEDICATION FOR <u>DIABETES</u> , <u>HEART DISEASE</u> , SEIZURES, <u>ARTHRITIS</u> , ASTHMA, ULCERS, HIGH BLOOD PRESSURE, OR PSYCHIATRIC DISORDER? (CIRCLE WHICH) | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 11. DO YOU HAVE MEDICATION WITH YOU? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 12. DO YOU HAVE A HISTORY OF TUBERCULOSIS? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 13. DO YOU HAVE A HISTORY OF VENEREAL DISEASE OR ABNORMAL DISCHARGE? | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| 14. HAVE YOU RECENTLY BEEN HOSPITALIZED OR RECENTLY SEEN A DOCTOR FOR ANY REASON?
IF YES, EXPLAIN: _____ | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| 15. ARE YOU ALLERGIC TO ANY MEDICATION? WHAT? _____ | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| 16. HAVE YOU FAINTED RECENTLY OR HAD A HEAD INJURY? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 17. DO YOU HAVE EPILEPSY, <u>DIABETES</u> , HEPATITIS, OR ANY CHRONIC ILLNESS? _____ | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 18. DO YOU HAVE A PAINFUL, DENTAL CONDITION? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 19. IF FEMALE, ARE YOU PREGNANT? ON BIRTH CONTROL PILLS? (CIRCLE WHICH) | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| 20. DO YOU HAVE A SPECIAL DIET PRESCRIBED BY A PHYSICIAN? TYPE _____ | <input type="radio"/> YES | <input checked="" type="radio"/> NO |

21. DO YOU HAVE ANY OTHER MEDICAL PROBLEM WE SHOULD KNOW ABOUT?

REMARKS: High Blood Pressure, Arthritis☒ YES ☐ NO

STATE OF ALABAMA}
HOUSTON COUNTY}

MEDICAL RELEASE AUTHORIZATION

KNOW ALL MEN BY THESE PRESENTS, THAT FOR AND IN CONSIDERATION OF HOUSTON COUNTY, ALABAMA, ASSUMING THE FINANCIAL RESPONSIBILITY OR LIABILITY FOR MY MEDICAL OR DOCTOR TREATMENT AND CARE, I DO HEREBY AUTHORIZE ANY SUCH MEDICAL DOCTOR OR HOSPITAL TO RELEASE ANY MEDICAL RECORDS OR INFORMATION TO ANY DULY APPOINTED OR AUTHORIZED REPRESENTATIVE OF HOUSTON COUNTY, ALABAMA.

HOWEVER, THIS MEDICAL RELEASE AUTHORIZATION IS SPECIFICALLY LIMITED TO PROPERLY AUTHORIZED HOUSTON COUNTY PERSONNEL; AND ANY SUCH MEDICAL DOCTOR OR HOSPITAL IS NOT AUTHORIZED TO RELEASE ANY SUCH MEDICAL INFORMATION OR TREATMENT INFORMATION TO ANY OTHER PERSON, COMPANY, OR CORPORATION, OTHER THAN BY MY FURTHER EXPRESSED AUTHORITY FROM ME AND MY ATTORNEY.

ATTEST:

WITNESS

I, James Long, AN INMATE IN THE HOUSTON COUNTY JAIL, HAVE BEEN DULY INFORMED AND DO UNDERSTAND THE COST OF HOUSING AND MEDICAL CARE MAY BE ASSESSED AGAINST ME AS COST OF COURT, IF I AM CONVICTED OF A MISDEMEANOR IN THE DISTRICT COURT.

SIGNATURE

DATE:

3-21-04

WITNESS:

HOUST. COUNTY SHERIFFS OFFICE

INMATE INFORMATION SHEET

Page 1

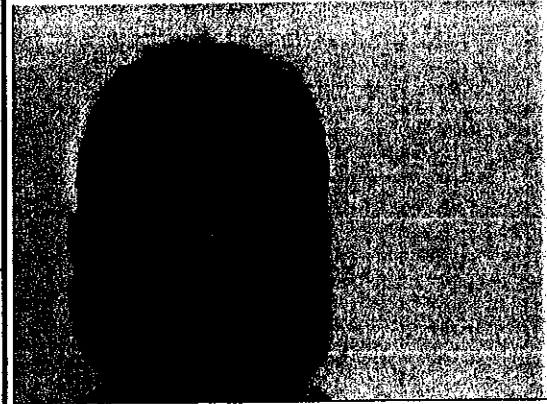
BOOKING NO: 040001010

LOCAL ID: 55631

Name : LONG JAMES MELVIN JR

Address: 126 LISA COURT

City : DOTHAN State: AL Zip: 36305

Physical Description

Race : WHITE

Hair : BLONDE

Gender: MALE

Eyes: BLUE

Height: 5 ' 10 "

Complexion: UNKNOWN

Weight: 185

DOB: 05/07/1972

Age: 31

Scars/Tattoos:

Personal Information

DL State :

Home Phone: 334 794 5945

DL Number:

Work Phone:

SSN: 514 84 6990

SID:

Booking Information

Arrest Date: 03/21/2004

Booking Officer: MCKINNEY

Arrest Dept: HCSD

Booking Date: 03/21/2004

Arrest Offcr: LEE

Booking Time: 08:55

Search Offcr: 2ND SHIFT

Facility: 01

Meal Code: 01

Cell Assignment: M-16

Charge Information

Offense

Fine

Bond

Disposition

DOM VIOL 2ND ASSAULT

\$00.00

10,000.00

PENDING

HOUSTON COUNTY SHERIFFS OFFICE

INMATE INFORMATION SHEET

Page 1

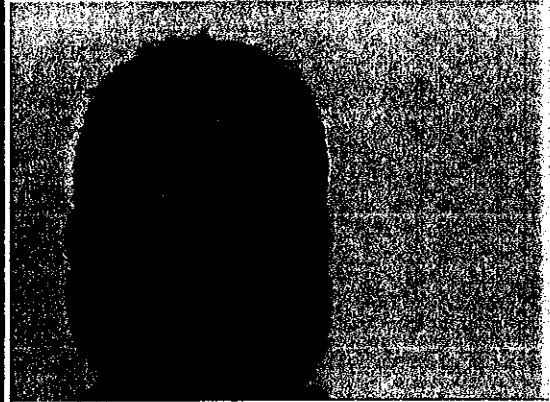
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Facility: 01

Meal Code: 01

Cell Assignment: M-16

Charge Information

Offense

Fine

Bond

Disposition

DOM VIOL 2ND ASSAULT

\$00.00

10,000.00

PENDING

WIREGR MENTAL HEALTH SYSTEM, dba S, traCare
CLIENT INFORMATION/INSTRUCTION SHEET
FOR COMPLETING A SPECTRACARE RELEASE OF INFORMATION FORM

A release of information form must be properly completed in order to release records. This is for your protection.

The signature(s) of the client and/or parent/guardian must be secured after the form has been entirely completed. The form must be completed. The form must be completed in the presence of the client and/or parent/guardian. Otherwise, the release form is VOID. No changes or additions should be made after the form has been signed. To do so, makes the form VOID.

There is a charge for medical records. This is based upon Act 94-609 signed 4/25/94 by Governor Folsom. After a properly signed release form is received by SpectraCare, an estimate of the charges can be prepared. Payment by money order, Cashier's or Certified Check is expected in advance.

If you have questions, you may contact the Records Department at (205) 794-0731.

COMPLETING THE FORM

- (A) ☐ This blank must be completed Fill in name
 Client's Name (If not a minor) or
 Parent or Guardian's Name (If client is a minor)
- (B) ☐ This blank must be completed Fill in the name or agency receiving and/or releasing information
- (C) ☐ This blank must be completed Fill in SpectraCare client's name
- (D) ☐ This blank must be completed Fill in SpectraCare client's date of birth
- (E) ☐ This blank must be completed Fill in SpectraCare client's social security number
 Both Date of birth and Social Security Number are required for the Records Department to verify a record's existence.
- (F) ☐ At least 1 blank must be selected Check the appropriate line(s) for information to be released. If other, please be sure to specify.
- (G) ☐ At least 1 blank must be selected Check the appropriate line(s) to indicate the purpose of the disclosure. If other, please be sure to specify.
- (H) ☐ This blank must be completed Write the date signed (To be completed by the client or person authorized to sign for the client)
- (I) ☐ This blank must be completed If the client is a child under the age of 14, the signature of the parent or legal guardian should be placed on this line along with the relationship to the client. (Proof of guardianship or legal custody must be provided.)
 If the client is a child 14 years of age or older, the signatures of the client along with the parent or legal guardian should be placed on this line along with the relationship to the client. (Proof of guardianship or legal custody must be provided.)
 If the client is unable to write, consent must be shown by making a mark. The words "Mark of (Client's Name)" should be written after the client's mark.
- (J) ☐ This blank must be completed Write the date signed (To be completed by the witness)
- (K) ☐ This blank must be completed Witness to sign

This release will automatically expire 1 year from the date signed unless otherwise specified. If the release is to expire based upon a condition, event or other specified date, it should be noted in the shaded area.

- (L) ☐ Optional Please write in a date or an event/condition that this release will expire.

Example (Event/Condition):

Upon receipt of records
 Upon receipt of requested information
 Length of probation

Example (Date):

1 year from date signed
 2 weeks from date signed

Marked
 for Records
 1105 3/24/01



Houston County Jail Medical Clinic
901 East Main Street
Dothan, Alabama 36301



Fax Transmittal

Phone: (334) 712-0762

Fax: (334) 671-9482

Andy Hughes, Sheriff

Dr. Sam Banner, Medical Director

To:

South Central Mental Health Board

Dr:

Dept:

Medical Records

Inmate Name: Long, James	DOB 5/7/72	SS# 514-84-6990
-----------------------------	---------------	--------------------

Please Send The Requested:

☒ Medical Records

☒ Medical Diagnosis

☐ Other _____

☒ Medical Administration Record

☐ X-ray Reports

☐ Specified Dates _____

Thanks for your Cooperation



Houston County Jail Nursing Staff

BY:

A Kennedy JRN

DATE:

3/27/07

South Central Alabama Mental Health Board		
Consumer Authorization for Use and/or Disclosure of Protected Health Information		
MI Standard 3701.15	SA Standard 5203k.1	CASE #:
Failure to complete EACH section will render this authorization invalid and it will not be processed.		
Consumer Name: <u>James, James</u>	Date of Birth: <u>5/7/72</u>	
Social Security No.: <u>514-24-6490</u>	Current Telephone No.: <u>712-0762</u>	
Current Address:		
I hereby authorize South Central Alabama Mental Health Board (SCAMHB) to:		
<input checked="" type="checkbox"/> Copy & release/send SCAMHB records to the individual/agency listed below (one name per release)		
<input checked="" type="checkbox"/> allow verbal release of information		
<input checked="" type="checkbox"/> Request records to be sent from the provider listed below to SCAMHB:		
Name: <u>Houston, G. Jan</u>	Relationship:	
Current Address: <u>901 E. Main St.</u>		
City, State, Zip: <u>Scottsboro, AL</u>		
Phone No.: <u>712-0762</u>	Fax No.:	
Please check by all records that you would like released to or requested from an outside source:		
Intake or Assessment <input checked="" type="checkbox"/>	Medications <input checked="" type="checkbox"/>	Treatment Plans <input checked="" type="checkbox"/>
Progress Notes <input checked="" type="checkbox"/>	Doctor's Notes <input checked="" type="checkbox"/>	Laboratory Reports <input checked="" type="checkbox"/>
Cost of treatment <input checked="" type="checkbox"/>	Diagnosis <input checked="" type="checkbox"/>	
OTHER:		
Dates of Services to be released: From: <u>1/1</u>	To: <u>1/1</u>	
Disclosure of Information is required for the following purposes (please check at least one):		
<input checked="" type="checkbox"/> Request of Consumer	<input type="checkbox"/> Facilitate Evaluation	<input type="checkbox"/> Legal Purposes
<input type="checkbox"/> Disability Determination	<input type="checkbox"/> Insurance Purposes	<input checked="" type="checkbox"/> Continuation of care
OTHER: (specify)		
I understand that this Authorization is voluntary. I may refuse to sign this Authorization and my treatment and/or payment obligations will not be affected. I understand that the health information to be released may be subject to re-disclosure by the recipient of the health information and no longer protected by the federal Privacy Rules.		
I understand that I may revoke this Authorization at any time by notifying SCAMHB in writing, but if I do, it will not have any effect on uses or disclosures prior to the receipt of the revocation. In the case of individuals whose release from confinement, probation or parole is conditioned upon his/her participation in a treatment program, the consent may not be revoked.		
I understand that I will receive a copy of this Authorization form after I sign it.		
I understand that if my mental health record contains information in reference to Substance Abuse treatment or information related to communicable diseases/AIDS/HIV, I agree to its release.		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Consumer has to initial Yes for information to be released		
SUBSTANCE ABUSE USE ONLY: Permission to Fax Assessment Yes <input checked="" type="checkbox"/> No N/A		
I understand that unless I wish to cancel this authorization at an earlier time, it will expire on <u>3/29/08</u> one year from the date signed unless otherwise specified, or at case closure, whichever occurs first.		
Indicate here if you would like for this authorization to expire by a different date/event/condition:		
Consent was obtained through interpretation or translation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Date Signed: <u>3/12/07</u>	Signature of Consumer/Legal Guardian/Personal Representative: <u>James, James</u>	
Date Signed: <u>3/12/07</u>	Signature of Witness: <u>A. K. K. K.</u>	Date: _____
NOTE TO PARTY RECEIVING INFORMATION: This information has been disclosed to you from records whose confidentiality is protected by federal and state laws which prohibit you from making any further disclosure of information without the specific written consent of the person to whom it pertains, or otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. (This form meets the requirements of the Department of Mental Health Program Standards, Federal Regulation 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 -HIPAA).		
Authorization revised 11/3/06		

UPDATE ANNUALLY

PHYSICIAN ORDERS

**HOUSTON COUNTY JAIL
MEDICAL CLINIC****SICK CALL**

Dr. Sam Banner
Medical Director

DATE: 6-11-07

INMATE: hung, James D.O.B.: 5-7-72 I/M #: 55631

Chief Complaint: _____

Allergies: NKA V/S: 146/84, 73,

S: "I am having problems w/ anxiety. This jail is denying me my medication that Spectracare has Rx for me for my mental problems. I am suing all of you for not getting me to Spectracare. I really would just be happy if you would send the state a letter about my mental illnesses to get me to prison. You can't prove that I am threatening any of this because you don't have a witness." states/m.

S: ~~Mr~~ C/O Melinda Smith called into Exam Room.
I'm smiling, laughing.

A: K/O

P: call to Dr. Banner about helping get I/M to prison.

A. Kennedy JPS

6/12/07 letter
written to
Records
by JPS

**HOUSTON COUNTY JAIL
MEDICAL CLINIC**

SICK CALL

Dr. Sam Banner
Medical Director

DATE: 5/10/07

INMATE: James Long D.O.B.: _____ I/M #: _____

Chief Complaint: has appt @ Spectracare

Allergies: _____ V/S: _____

Ilm claims he has an
appt @ Spectracare he
needs to keep - Left 2
messages @ Spectracare
5/9/07 spoke ^{Emely about} appts - Ilm
is inactive & does not
have any appts -
5/10/07 spoke c/ Dr. Banner
concerning Ilm - to tell
Ilm he needs his attorney
to get a court order

James Long - ^{state prison}
court ordered
Spectracare

- No more home med in
L-2

Risperdal 2mg

? says has appt c/

Spectracare ^{inactive}

Is Don't see one for him

Meiswagner

**HOUSTON COUNTY JAIL
MEDICAL CLINIC**

SICK CALL

Dr. Sam Banner
Medical Director

DATE: 5-9-07

INMATE: Long, James D.O.B.: 5-7-72 I/M #: 55631

Chief Complaint: BP

Allergies: WDA V/S: 145/89, 50, 98²
02 100%

**HOUSTON COUNTY JAIL
MEDICAL CLINIC**

SICK CALL

Dr. Sam Banner
Medical Director

DATE: 5-7-07

INMATE: Wong James D.O.B.: 5-7-72 I/M #: 55631

Chief Complaint: BPV

Allergies: NKA V/S: 129/77.58,

D² 100%

PHYSICIAN ORDERSINMATE: Long, James 55631DATE: 5/5/06

Meds confirmed from Bullock Correctional

INH 300mg $\dot{\text{iii}}$ tabs po twice week (mon + thurs)
X 6 mths end 8/23/06Pyridoxine Hcl 50mg $\dot{\text{r}}$ po ^{twice} ~~Bid~~ weekly (mon + thurs)
X 6 mths end 8/23/06

Flexaril 10mg Bid end 5/7/06

~~IBU~~
~~Advil~~ 800mg. Bid po end 5/7/06MARV ✓
7SV ✓
CTV ✓
CSV ✓

+ D. D. Spigner CRNP / g. Hershman MD

DS

**HOUSTON COUNTY JAIL
MEDICAL CLINIC**

SICK CALL

Dr. Sam Banner
Medical Director

DATE: 5-2-07

INMATE: Long, James D.O.B.: 5-7-72 I/M #: 55631

Chief Complaint: BR / left in N-pod

Allergies: NKA V/S: 135/90, 76

02-100⁰/₆

u 140/78.69

HOUSTON COUNTY JAIL
INFORMANT

DICK CALL

D. DUTCHER CAMP

DRL DAM DAMI DL

DATE 5-1-07

Inmate Long James D.O.B. 5-7-72 M.M. 55631

Chief
Complut

Allegation

VIA 133 / 88, 98, 9, 100, 76

HOUSTON COUNTY JAIL
INFIRMARY

SICK CALL

D. SPEIGNER CHNP

DR. SAM BANNER

DATE 4-18-07

Inmate Long, James D.O.B. 5-7-72 JIM# 55631

Chief

Complaint allergic reaction

Allergies NKDA

VIS 154/86, 82,

O₂ 100%

S: I need you to do a "body chart" on me please. I have blood in my stool now. I'm hurting very badly. I refused a cavity search that was performed anyway. I am very sore. I also have a rash all over me. My joints (shoulder blades & groin hurt)
O: See Body & Mouth Diagram. I/m had cavity search on 4/17/07. I/m was accused of having cigarettes hidden in rectum. Rashed (red small bumps) on legs & arms. Front tooth evidence of chipping.
H: I/m upset. Angry @ the Sgts & Commander very verbal. Using bad language.

AR/b

P: Sent specimen cup back @ I/m to collect stool specimen.

Oylerol: - po BID x 14d. V.S. DR. Banner/A. Kennedy PR
See DR. Banner for medication adjustment.

19 April 2007 - Asked to see
what ever he was doing
to prevent cont problem
& exams - Blames it all
on Guard (my guards)
Became angry & was sent back
to cell
He would
be getting
as needed
by who
was available

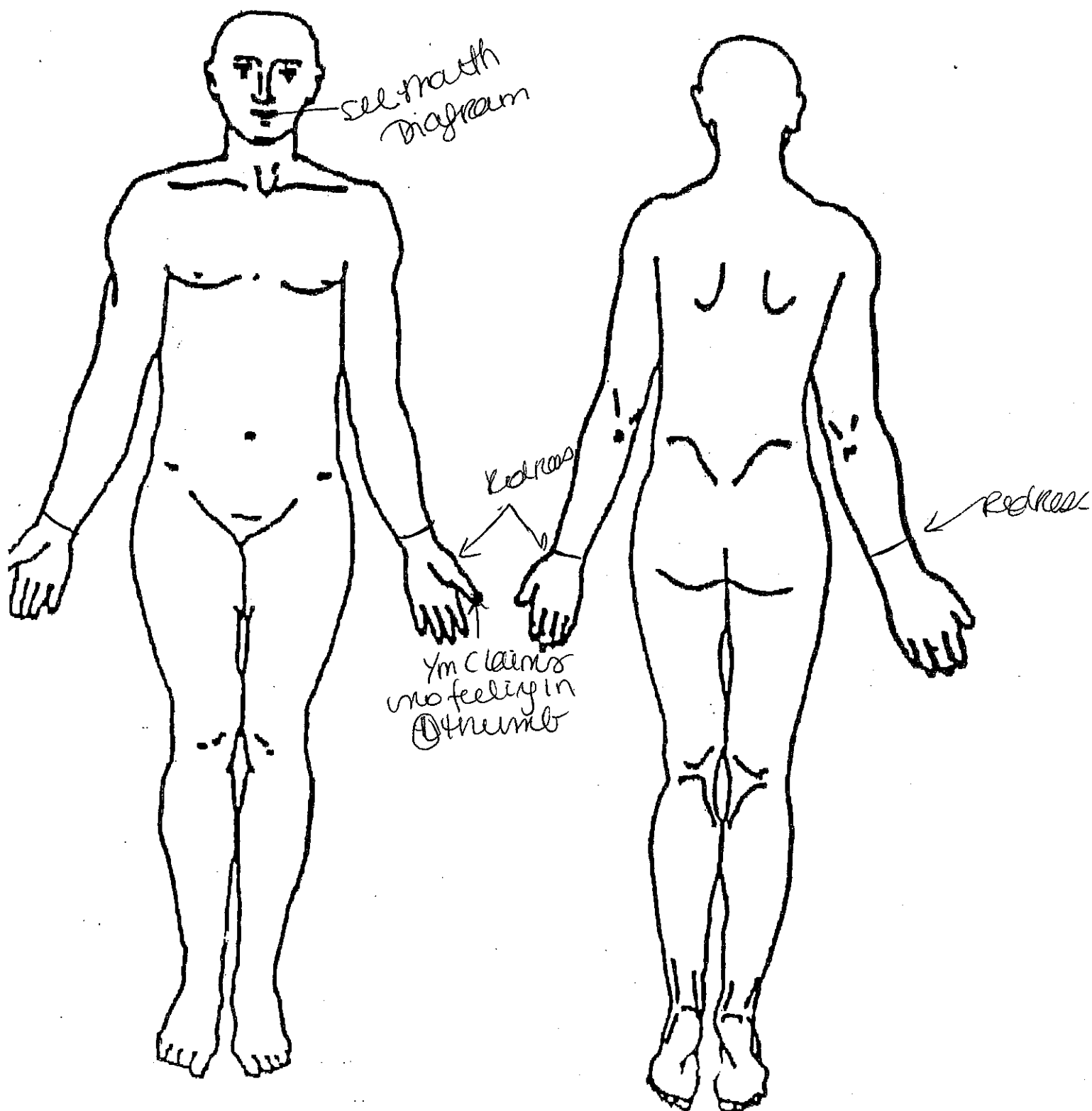
Complains about med
It was Rx by Boyd
on outside

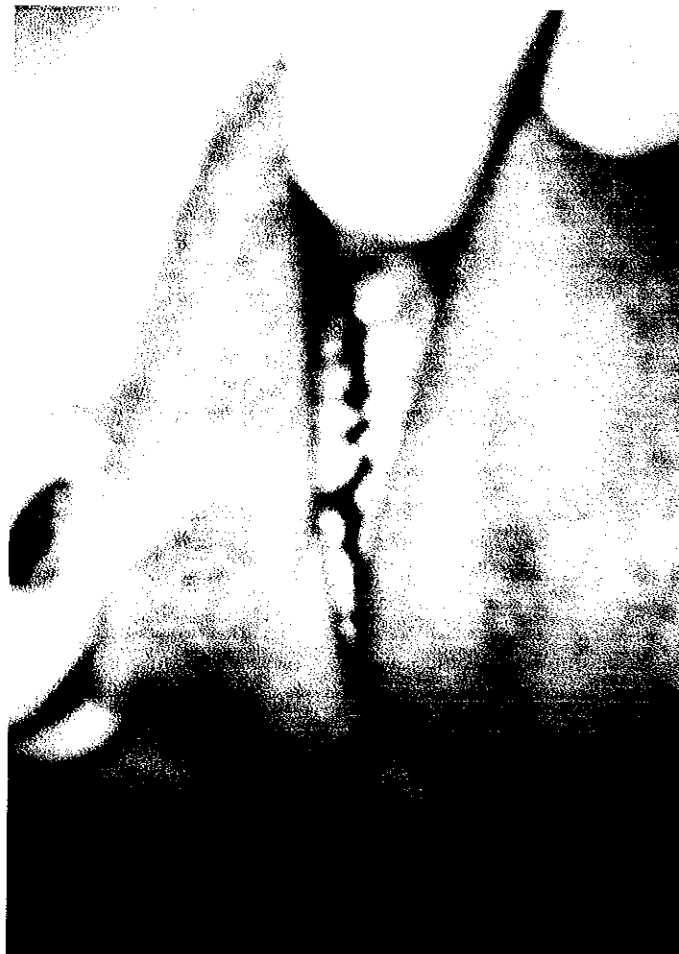
- a few red macPapar
on leg - look more heat
related than true
allergic Rx - NO
Cellulitis noted

will reduce Corneal fog
(one) He is convinced
that is causing the
Ker 7-10 ✓

✓

CSO
CT
MHC
18

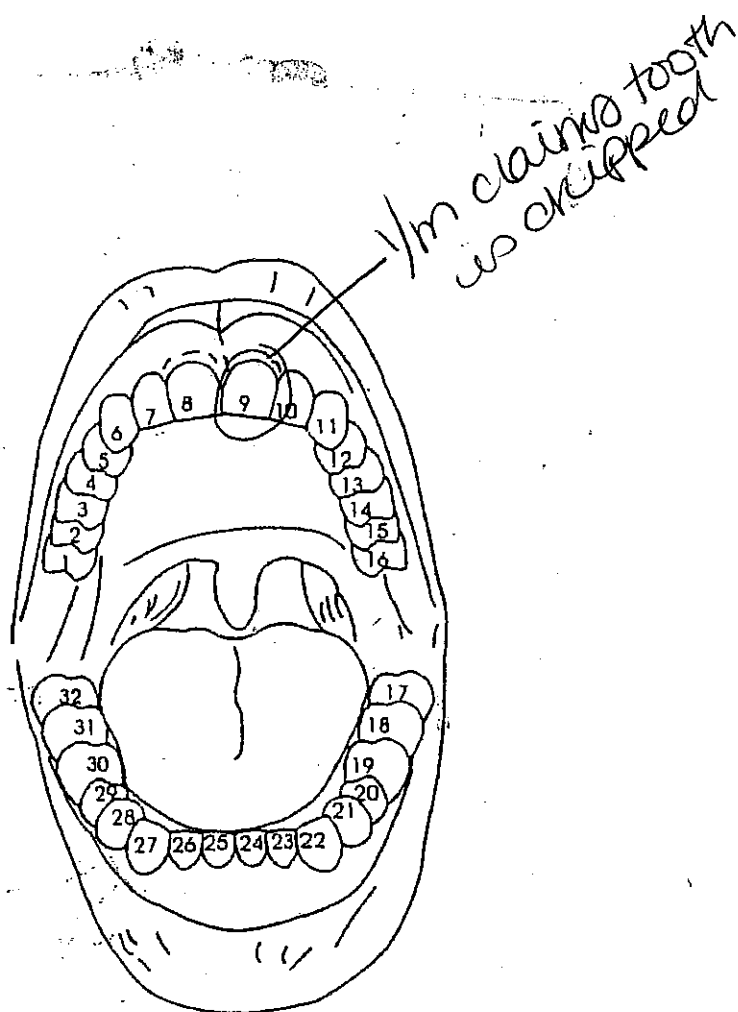




Jim James Long 4/10/07



1/m James Long 4/07



HOUSTON COUNTY JAIL
INFIRMARY

SICK CALL

D. BREIGNER CRNP

DIL SAM DANNER

DATE 4/17/07Inmate Long, James

D.O.B. _____

JIM# _____

Chief _____

Complaint _____

Allergies _____

V/S _____

Around 4:30 PM Sgt Kirksey Came to Clinic

OTM - DM is in lockdown & was searched
for cigarettes DM was given cigarettes by another
DM under the door DM claims "he smoked one
later DM claims he flushed it down the toilet.
Sgt was given info that DM has the cigarettes
Sgt + Commender present. Wanted rectal done to
find cigarettes - Rectal done - rectum was
clear of stool but could feel something hard
@ tip of index finger - DM denies any studies,
exam, etc but professes to have hemorrhoids
no evidence of hemorrhoids & no stool on glove
hand - DM was given fleets enema & sat on
commode & liquid came out →

Ilm was dressed in yellow gown & put in 1041 - Bedpan was available - Bedpan was brought to medical twice & liquid (urine) + small amt of light particle seen but no stool 2nd sample had very small amt of stool (liquid)

Ilm would holler from door @ 1041 as I passed 3 times - Ilm claims 1st time - having seizure (Ilm standing @ door) 2nd time Ilm states he has cancer on his back & turned around @ door to show me 3rd time Ilm started threatening that I would be named in this incident & I was

"part of it" Ilm kept changing his story about the cigarettes & how he got them & how they got in the shoes - Messvanger

HOUSTON COUNTY JAIL
INFIRMARY

SICK CALL

Dr. Banner

DATE 27 April 2007

Inmate Larry James DOB 5-7-78 IM# 55631

Chief Complaint _____

ALLERGIES NA

VS 143/94

Pulse 80

✓ BP on M, W, F for 2 weeks.

A. Kennedy

HOUSTON COUNTY JAIL
INFIRMARY

SICK CALL

D. SPEIGNER CHIEF

DR. SAM DANHER

DATE 4/25/07

Inmate Long, James D.O.B. 5-7-72 JMW# 55631

Chief

Complaint blood work - for Hep. C.

Allergies none

VIS 152/91, 68, 97.5

O₂ 100%

u
I had bloodwork @ Bullock Co.
I don't know if they tested
for that though - It was July
or August of 2006. " states y/m

y/m wants clinic to call Bullock to verify Dx of
Hep. C. y/m thinks he got Hep. C by tattoos in
jail.

Will call Bullock to verify Hep C. status.

4/24/07 Will do Hep. Panel.

4/27/07 Bloodwork sent to Lab

A. Kennedy, MD

HOUSTON COUNTY JAIL
INFIRMARY

SICK CALL

D. STEAGNER CLINIC

DR. SAM DANIEL

DATE 4/17/07Inmate Long, James

D.O.B. _____

I/M# _____

Chief

Complaint _____

Allergies _____

V/S _____

Around 4:30 PM Sgt Kirksey Came to Clinic

BTM - BTM is in lockdown & was searched
for cigarettes BTM was given cigarettes by another
BTM under the door BTM claims he smoked one
later BTM claims he flushed it down the toilet.
Sgt was given info that BTM has the cigarettes
Sgt & Commander present wanted rectal done to
find cigarettes - Rectal done - rectum was
clear of stool but could feel something hard
@ tip of index finger - BTM denies any studies,
exam, etc but professes to have hemorrhoids
no evidence of hemorrhoids & no stool on forced
hand - BTM was given fleets enema & sat on
toilet & liquid came out →

PHYSICIAN ORDERS

INMATE

Long, James 55(63)

DATE

4/3/07

Home meds.

Risperdal 2mg 1@H

Lamictal 25mg qam

x 2 weeks

then

Lamictal 25mg PO BID

Hydroxamine Pamate 50mg TID

V.S. DR. Banner / Kennedy JAV

CS
CT
MAK
RS

HOUSTON COUNTY JAIL
INFORMANT

BACK CALL

D. BREIGNER CAMP

DR. SAM HANI MD

DATE 4-3-07

Inmate Long James D.O.B. 5-7-72 M/M 55631

Chief Complaint FLU meds

Allergies NADA

V/B 146/84/61

States He did not take
med from Dr Ferrell
Because He was taken
Drugs & Alcohol
Then turned himself in
thru the back of med

(A) He has Seizure Disorder
Psych Disorder

(D) will be start med
& be consistent Spectra
can

2 yr
Nephrotic
level

HOUSTON COUNTY JAIL
INFORMANT

BICK CALL

D. BURGESS CAMP

DR. BAMA BAMA BAMA

DATE 4/20/07

Inmate Long James

D.O.B. 5-7-72

ID# SS631

Chief

Complaint

feels like he is going to have a seizure

Allergies

N/A

V# 144/91,602

82 100%

Since start seeing cracks. My balance is off & I feel like my BP is up. I feel excited & always get that feeling before I have a seizure. I've been feeling this way all weekend. Stated 1/m.

1. Ym states he ^{also} Depakote for seizures & Depakote brought in by family.

2. R/O

3. Talk to Dr. Banner about time meds buy started. Obtain Med. Records on Depakote. See Dr. Banner on 4/3/07.

A. Kennedy JR

HOUSTON COUNTY JAIL
INQUIRY

BACK CALL

D. BRIGGS, CLERK

DR. HAMMAMI, MD

DATE 3-27-07Inmate Long, JamesD.O.B. 5-7-72XMR SS631Chief
Complaint SLUAllergies NKDAV/B 136/87, 58, 97"D² 100%

small bump on @ side. Redness noted
ym d @ do pain ym states "it's smaller
today"

A. Kennedy JAV

S

HOUSTON COUNTY JAIL
INFORMANT

BICK CALL

D. BURGESS CAMP

DR. HAM DANI ERI

DATE 3-26-07Inmate Long James D.O.B. 5-7-72 JAIL # SS631Chief Complaint FLY on right sideAllergies NKDAV/S 134/84, 65, 1
D2 100%

S: "I was bitten by a spider in Docket. I killed one in my cell there."

O: Small bump on @ side. two holes in center. Redness noted.

A: R/O

P: Keep IAD cream on site. If any changes in color or size, I'm to let clinic know. R/O in AM.

✓ A. Kennedy JRN

HOUSTON COUNTY JAIL
INTAKE

BACK CALL

D. DESIGNER CLINIC

DR. HAM DANI MD

DATE 3.23.07Name Long, James D.O.B. 5-7-72 ID# 55631

Chief

Complaint Bite on left side below breastAllergies NKAV/S 148/94, 49, 98.3D^r 100%

— DM has red area ~ 138/90, 59
on R side of chest —

no drainage/swelling noted —

To keep clean, wash hands
Will see DM back in clinic

Monday — Meowangir

3

INMATE REFUSAL

NAME James Long

DATE 11-14-05

REFUSES MEDICATION _____

REFUSES MEDICAL TREATMENT J.L. - B/p ✓

INMATE SIGNATURE James Long

INMATE REFUSAL

NAME James Long APOD

DATE 11-10-05

REFUSES MEDICATION _____

REFUSES MEDICAL TREATMENT ✓

INMATE SIGNATURE James Long

INMATE REFUSAL

NAME JAMES LONG

DATE 11/10/05

REFUSES MEDICATION _____

REFUSES MEDICAL TREATMENT X AM CLINIC

INMATE SIGNATURE

James Long
Phillips

PHYSICIAN ORDERS

INMATE Long, Tamar

DATE 11-7-05

Move to M15T (put BMAT on floor)

H. Spigner

St. Jara
11-7-04

Sz.
D/o

HOUSTON COUNTY JAIL INFIRMARY

SICK CALL

D. SPEIGNER CRNP

DR. SAM BANNER

DATE 11-7-05Inmate Long, James D.O.B. 5-7-72 IM# 55631Chief
Complaint

Allergies

[Redacted]had machine while working in Sun
V/Ssee 1/1 on other pg

933
H/L of
head injury
in past. HA
& 1 yr.

11/3/05
S - Was feeling light headed & weak, fell off seat @ table. D head injury
- doesn't know if he's hearing voices or having guilty thoughts. denies homicidal
or suicidal thoughts. - feels like not aren't helping dependent
Can't sleep.

O wmdwar, NAD

S, 1/2 reg.

Lump CTA Name ✓ OK

A. 1. 5x. D/o, Insomnia depress

P1. P Wellbutrin to 300mg p- 3d

2. Flu on this med in 10-14 d. - sch 11/21.

3. T Noradrenaline to 75mg p o 3 hr for remainder of Rx

4. Awaiting spec lab results of Depress

5. Move to m-pod. (cell assignment to floor) - done

D. Speigner

✓	FS
NA	CS
✓	MAR
✓	CART

HOUSTON COUNTY JAIL
INFIRMARY

SICK CALL

D. SPEIGNER CRNP

DR. SAM BANNER

DATE 11-7-05

Inmate Long, James D.O.B. 5-7-72 IM# 55631

Chief
Complaint Suicidal

Allergies Trileptal ~~Trileptal~~ V/S 138/86 72 18 97.7
wt: 186

- S: U/M expresses desire to be off suicide watch. States he really wants to go back to Pod. States he has no desire to harm himself.
- O No evidence of self inflicted wounds.
- A: R/O ~~suicidal~~ suicidal ideations
- S: Refer to CRAT — E. Wayte

HOUSTON COUNTY JAIL INFIRMARY

SICK CALL

D. SPEIGNER CRNP

DR. SAM BANNER

DATE 11-4-05Inmate Long, James D.O.B. 5-7-72 IM# 55631Chief Complaint Apparent seizure last pm? / Flu suicide watch Re✓Allergies NKDAVIS 138/94 70 18 98.2
wt. 188

- Request reviewed this a.m. & based on inmate's statement of fearing to cause harm to self or somebody else placed on suicide watch. — c/o inability to sleep though states the Benadryl 50mg (or the extra i time dose valproic acid) DID help him sleep. — When questioned about voices, states it's voices telling him about all his past mistakes & what he should be doing. States he was waking at night 2° voices. Inmate states he was instructed to fill out request form in this manner to be seen ASAP.
- Will allow inmate to have oranges/whites/matt/commissary/blanket — 9 30 min watch.
- Spoke c Sgt Turner... can have visitation as long as compliant & not acting out, if acts out, loses visitation & above stated privileges.
- Called 792-4665 (spoke c Annie) to inform day & time of visitation.

Benadryl 50mg PO qhs x 30 days

On Intake
states Depakote
for bi-polar. — No
mention of seizures??

L. Hagueru W

DS

✓ccmt
✓PS
✓GS
✓MAR

11-7-05 re✓ DJ
H - 11/10/05

HOUSTON COUNTY JAIL INFIRMARY

SICK CALL

D. SPEIGNER CRNP

DR. SAM BANNER

DATE 11-03-05Inmate Long, James D.O.B. 5-7-72 IM# 55631Chief Complaint passed outAllergies NKDAV/S 147/96-98-78-14Rev 141/89 97% O2FSBS 83

5. Called to pool A by
dzt Bozin. L/M had
passed out & lost consciousness.
6. Know self, but does not know today's
date. NOBS. Had difficulty remembering
where she was. States she was also
hearing voices. Has Lx of seizures.
no not sleeping were.
- A. R/o Seizure

☒ FS
☒ CS
☒ MAR
☒ CART

7. Called Mr. Speigner explained findings.
Instructed to give 1000 mg Depakote po NOW.
gave 50 mg of Benadryl po NOW. Hx 2.1
the shot. per V.O. D. Speigner, CRNP

E. Wynn Co DS

PHYSICIAN ORDERS

INMATE Long, James

DATE 10-24-05

55631

A-prod Baseline Valproic (Depakote) ✓ ^{done}

- Wellbutrin 100mg PO daily x 1 week then
↑ 200mg PO daily (F/U "1/18/05")
- Valproic acid 500mg PO qhs

✓ RS
✓ CS
✓ MAR
✓ cart

V.O. R. Speigner, CRNP/h.hoguen

Speigner Chp

INMATE REFUSAL

NAME

James Long

DATE

3-26-04

REFUSES MEDICATION _____

REFUSES MEDICAL TREATMENT _____

Blood pressure check

INMATE SIGNATURE

James Long

3-26-04

witness

J. Jackson

Q

INMATE REFUSAL

NAME Lang, James

DATE 3/25/04

REFUSES MEDICATION _____

REFUSES MEDICAL TREATMENT ✓

INMATE SIGNATURE James Lang

Follow-up blood Pressure check

Dr

MEDICATIONS

6/07

STOP DATE		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Risperdal 2mg po q hs 4/3/07		cont.	<p>Handwritten notes and signatures in the grid for Risperdal.</p>																														
Lamictal 25mg po q am 4/19/07		cont.	<p>Handwritten notes and signatures in the grid for Lamictal.</p>																														
Vistaril 50mg po TID 4/3/07		cont.	<p>Handwritten notes and signatures in the grid for Vistaril.</p>																														
ALLERGY																																	
DIAGNOSIS																																	
PHYSICIAN NAME		Dr. Banner		PHYSICIAN PHONE NO.				ROOM NO.																									
FACILITY NAME		HCU		SECTION		E		PATIENT NO.		55631																							
PATIENT NAME		LONG, James																															
NURSE'S SIGNATURE		[Signature]		INITIAL		[Initial]		NURSE'S SIGNATURE		[Signature]		INITIAL		[Initial]																			

PHARMACY SUGGESTIONS/RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

INITIAL

INITIAL

Handwritten signature: *Handwritten signature*

25

20

ORDERS DO NOT SUPERCEDE PHYSICIAN ORDERS

Home Medications

Inmate Name: Long, James
 Date: 3/26/07

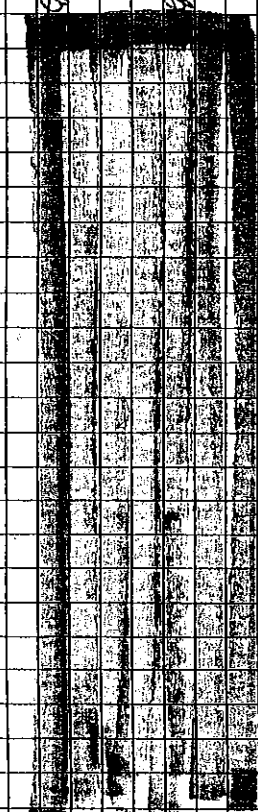
Medication & Dosage	Filled	Doctor	Count
1. <u>Risperdal 2mg</u> <u>1 @ HS</u>	<u>9/26/06</u>	<u>K. Ahmad</u>	<u>29</u>
2. <u>Lamictal 25mg</u> <u>Take these first</u>	<u>9/26/06</u>	<u>K. Ahmad</u>	<u>14</u>
3. <u>Lamictal 25mg</u> <u>1 tab BID when other</u> <u>Lamictal is gone</u>	<u>9/26/06</u>	<u>K. Ahmad</u>	<u>60</u>
4. <u>Hydroxyzine Pamate</u>	<u>9/26/06</u>	<u>K. Ahmad</u>	<u>89</u>
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____

[illegible]

5/16

		STOP DATE	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
ALLERGY		AKA																															
DIAGNOSIS																																	
PHYSICIAN NAME		Blumer																															
FACILITY NAME		HCS																															
SECTION		A																															
PATIENT NAME		Long, Jane																															
PATIENT NO.		55631																															
NURSE'S SIGNATURE																																	
INITIAL																																	
NURSE'S SIGNATURE																																	
INITIAL																																	

Handwritten signature/initials in the grid area.





PRISON HEALTH SERVICES, INC.

FACSIMILE TRANSMITTAL SHEET

TO: Kerr FROM: BULLOCK CORRECTIONAL FACILITY
COMPANY: Hussey Polaris DATE: 5/4/06
FAX NUMBER: 334-671-9982 TOTAL NO. PAGES INCLUDING COVER 2
PHONE NUMBER: FAX NUMBER: 334-738-8763
PHONE NUMBER: 334-738-5625

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES COMMENTS:

If you receive this in error, please call

Thank you

P.S. Does not have a special diet

Noted.

Facility Name: <u>Bullock</u>		Month/Year of Charting: <u>5-06</u>																															
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
INH 300mg ⁱⁱⁱ tbls po Twice weekly Mon & Thurs. X 6 months	<div style="display: flex; justify-content: space-between;"> Start Date: <u>11-8-05</u> Prescriber: <u>Siddig</u> </div> <div style="display: flex; justify-content: space-between;"> Stop Date: <u>8-23-06</u> RX #: _____ </div>																																
	Pepidopine Hcl 50mg ^{po} twice Weekly X 6 months Mon & Thurs. <u>Vit B-6</u>	<div style="display: flex; justify-content: space-between;"> Start Date: <u>11-8-05</u> Prescriber: <u>Siddig</u> </div> <div style="display: flex; justify-content: space-between;"> Stop Date: <u>8-23-06</u> RX #: _____ </div>																															
		Flereiril 10mg ^{upo} 2x a day 5/7	<div style="display: flex; justify-content: space-between;"> Start Date: _____ Prescriber: _____ </div> <div style="display: flex; justify-content: space-between;"> Stop Date: _____ RX #: _____ </div>																														
			admiral 5/7/06 3x a day 800mg	<div style="display: flex; justify-content: space-between;"> Start Date: _____ Prescriber: _____ </div> <div style="display: flex; justify-content: space-between;"> Stop Date: _____ RX #: _____ </div>																													
				<div style="display: flex; justify-content: space-between;"> Start Date: _____ Prescriber: _____ </div> <div style="display: flex; justify-content: space-between;"> Stop Date: _____ RX #: _____ </div>																													
				<div style="display: flex; justify-content: space-between;"> Start Date: _____ Prescriber: _____ </div> <div style="display: flex; justify-content: space-between;"> Stop Date: _____ RX #: _____ </div>																													
				<div style="display: flex; justify-content: space-between;"> Start Date: _____ Prescriber: _____ </div> <div style="display: flex; justify-content: space-between;"> Stop Date: _____ RX #: _____ </div>																													
				<div style="display: flex; justify-content: space-between;"> Start Date: _____ Prescriber: _____ </div> <div style="display: flex; justify-content: space-between;"> Stop Date: _____ RX #: _____ </div>																													
Diagnosis				Nurse's Signature		Initial	Nurse's Signature		Initial	Documentation Codes 1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted In Error 5. Look Down 6. Self Administered 7. Medication out of Stock 8. Medication Held 9. No Show 10. Other																							
Allergies	<u>Martha Jackson</u>			<u>MS</u>																													
Housing Unit:																																	
Patient ID Number:	<u>169420</u>																																
Patient Name:	<u>Long, James</u>			Date of Birth:																													

Facility Name:		Month/Year of Charting:																																																						
		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																							
VPA 500mg bid x 90 days		1100	See New Order 2/3/06																																																					
		1700	See New Order 2/3/06																																																					
		Start Date: 1/6/06											Prescriber: Jeddig																																											
		Stop Date: 4/6/06											RX #:																																											
Zontac 150mg po qhs		1700	See New Order 2/3/06																																																					
		Start Date: 1/6/06											Prescriber: Jeddig																																											
		Stop Date: 4/6/06											RX #:																																											
Depakote 500mg HS po x 90 days		1700	See New Order 2/3/06																																																					
		Start Date: 2/3/06											Prescriber: Andrews																																											
		Stop Date: 5/3/06											RX #:																																											
Triam 2/25 HS po x 90 days		1700	See New Order 2/3/06																																																					
		Start Date: 2/3/06											Prescriber: Andrews																																											
		Stop Date: 5/3/06											RX #:																																											
VPA 500mg HS po x 90 days		1700	See New Order 2/3/06																																																					
		Start Date: 2/3/06											Prescriber: Andrews																																											
		Stop Date: 5/3/06											RX #:																																											
		Start Date:											Prescriber:																																											
		Stop Date:											RX #:																																											
Diagnosis		Nurse's Signature											Initial											Nurse's Signature											Initial											Documentation Codes										
Allergies		D. Ram											PD																																	1. Discontinued Order										
Housing Unit: 109420		S. Roberts											SR																																	2. Refused										
Patient ID Number: 109420																																														3. Patient out of facility										
Patient Name: Long, James																																														4. Charted in Error										
																																														5. Lock Down										
																																														6. Self Administered										
																																														7. Medication out of Stock										
																																														8. Medication Held										
																																														9. No Show										
																																														10. Other										

[illegible]

INITIAL

PHARMACY SUGGESTIONS/RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

[illegible]

Walsh 200mg @ 8 AM
3/22

Until
you

5 AM
4 PM

7/10/20

ALLERGY

ADKDA

DIAGNOSI

PHYSICIAN
NAME _____FACILITY
NAME

PATIENT NAME

D. Squiren Group

15

SECTION

PHYSICIAN
PHONE NO.

2

ROOM
NO.

55631

NURSE'S SIGNATURE

INITIAL

NURSE'S SIGNATURE

INITIAL

L. Hathaway

20

PHARMACY SUGGESTIONS/RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

Home Medications

Inmate Name Long James
 Date 3-22-04

still had?

Medication & Dosage	Filled	Doctor	Count
1. <u>Wellbutrin SR</u> <u>200mg TPOgam</u>	<u>8/23/03</u>	<u>Fay</u> <u>Ferrall</u>	<u>17</u>
2. <u>Trileptal 150mg</u>	<u>sample</u> <u>bottle</u>		<u>6'</u>
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____

*Can't until
 gave her
 must see
 clock
 20*

NURSE NOTES

HOUSTON COUNTY JAIL
901 E. MAIN DOTHAN AL

INMATE LOCATION SLIPS

INMATE NAME: LONG JAMES

INMATE NUMBER: 55651

PREVIOUS LOCATION: N-5

MOVED TO: A-1+

DATE OF MOVE: 5-11-07

OFFICER SIGNATURE: Bernd

PHYSICIAN ORDERS

INMATE Long, James SS631 N
DATE SS631 3/21/07

Bottom Back Profile
a/t Seizures.

- clinic -

PHYSICIAN ORDERS

INMATE Long, James 55631 N
DATE 55631 3/21/07

Bottom Back Profile
a/t Seizures.

- clinic -

ABL MANAGEMENT, INC
HOUSTON COUNTY JAIL

Restricted Medical Diet Order

DATE DIET BEGINS: 8/24/07

DIET CANCELLATION DATE: _____

INMATE/DETAINEE NAME: Long James

I.D. NUMBER: 88231

HOUSING UNIT: N-808

MEDICAL NOTE: The following diet plans have been developed for this facility. If you do not see the required diet listed on this order form, the dietitian must be contacted BEFORE the diet may be produced. Thank you for your cooperation.

DIET ORDER: (Check ONLY ONE diet at a time. Please!)

- ☐ 1. Dental/Mechanical (for dental problems)
- ☐ 2. Dental/Straw Full Liquid (For Wired Jaws - 30 days only; renewal required)
- ☐ 3. 1800 CAL A.D.A with H.S. Snack (Insulin Dependent)* 4 Meal Plan
- ☐ 4. 2200 CAL A.D.A. with H.S. Snack (Insulin Dependent)* 4 Meal Plan
- ☐ 5. 2500 CAL A.D.A. with H.S. Snack (Insulin Dependent)* 4 Meal Plan
- ☐ 6. No Concentrated Sweets with H.S. Snack (Non-Insulin Dependent) 4 Meal Plan
- ☐ 7. Pregnancy with H.S. Snack (+500 calories and 4 milks) 4 Meal Plan
- ☐ 8. Nutrition Support with H.S. Snack (+500 calories and 4 milks) 4 Meal Plan
- ☐ 9. High Fiber (approximately 28 grams)
- ☐ 10. Full Liquid (3 days only)
- ☐ 11. Clear Diet (2 days only)
- ☐ 12. Heart Healthy (Low Fat [$<30\%$]/Low Cholesterol [<300 mg]/Low Salt [<4 gm NA])

HS Snack
only.

I have been counseled on this diet, understand the plan and agree to follow the rules of eating the diet every day. I also understand that if I do not pick up the diet tray at each meal, the diet may be canceled by medical.

Inmate/Detainee's Signature: on file

Date: _____

COMMENTS: _____

Authorized Medical Health Provider: A. Kennedy

KITCHEN RECEIVED BY: _____

DATE: _____

* NO WEIGHT REDUCTION DIETS ARE TO BE ORDERED USING THE ADA PATTERNS; USE HEART HEALTHY DIET FOR LIFE THREATENING CASES OF WEIGHT CONTROL. VEGETARIAN DIETS ARE NOT A MEDICAL PROBLEM. THEREFORE, THEY ARE NOT ORDERED ON THIS FORM. THANK YOU.

INTAKE

INMATE Long, James # 55631 DOB 5-7-72

HEIGHT 5' 11" WEIGHT 186 DOZ 100%


CURRENT MEDICAL PROBLEMS
1/07 last Seizures-1996 head injury- skull injury by fight
02- Bipolar Schizophrenic & psychotic features- Has had no meds for 1 month
↓ BS- controlled by diet
PERSONAL DOCTOR Dr. J. M. J. Enterprise Health Mental Health
ADDRESS 11111 Health Mental Health
HOSPITALIZATIONS 11111 Health Mental Health
11111 Health Mental Health

HOSPITALIZATIONS

CURRENT MEDICATIONS

MEDICATIONS BROUGHT IN? *None*

NURSING ASSESSMENT:

Bottom Bunk Profile. 
MAD noted.
Waiting for medical Records from
Enterprise Mental Health.

DS (nurse initials) EXPLAINED HOW TO OBTAIN MEDICAL
TREATMENT WHILE IN HCJ

NURSE

A Kennedy JR

HOUSTON COUNTY JAIL MEDICAL CLINIC

INTAKE

DATE 8-29-06

INMATE Long, James # 55631 DOB 5-7-72

ALLERGIES NKDA

VIS 123/69 47 16 98.3
REV 53

HEIGHT 5'10" WEIGHT 186 1/2

CURRENT MEDICAL PROBLEMS

Has old chart
chart State Positive for Tb - finished IULT
states have psychiatric disorder on 8/22/06
but takes no meds

PERSONAL DOCTOR Dennis ADDRESS _____

HOSPITALIZATIONS

Dennis

CURRENT MEDICATIONS

Dennis ILS

MEDICATIONS BROUGHT IN?

NO

NURSING ASSESSMENT:

 (nurses initials) EXPLAINED HOW TO OBTAIN MEDICAL
TREATMENT WHILE IN HCJ

NURSE  _____

HOUSTON COUNTY JAIL MEDICAL CLINIC

INTAKE

DATE 5-5-06

INMATE Long, James # 55631 DOB 5-7-72

ALLERGIES NKDA

VIS 147/82, 77, 18, 97.1
Rel 134/82

HEIGHT 5'10" WEIGHT 199

CURRENT MEDICAL PROBLEMS

Schizophrenic, temper explosive /o, bipolar
States have a pinch nerve
Also states to have seizure

PERSONAL DOCTOR Denies - © Bullock prison
ADDRESS

HOSPITALIZATIONS

Denies

CURRENT MEDICATIONS

State take Fliperil, Depakote
INH = Monday & Thursday - according to Bullock
& pyridoxins on Monday & Thursday
vit B-6

MEDICATIONS BROUGHT IN? NO

NURSING ASSESSMENT:


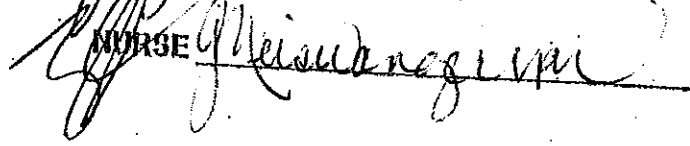
Nurse Smith State take Fliperil & Admil
and INH, vit. B-6
on mon. & Thurs. 10mg
2x a day
ends 5/7/06

800mg
3x a day
5/7/06

PM States has pinched nerve -
No apparent distress noted

the old chart

not confirmed
NO special
diet


(Nurses Inmate) EXPLAINED HOW TO OBTAIN MEDICAL
TREATMENT WHILE IN HCJ

NURSE Heisungzi

DS

HOUSTON COUNTY JAIL MEDICAL CLINIC

INTAKE

DATE 2-22-06

INMATE Long, James # 55631 DOB 5-7-72

ALLERGIES NKDA

VIS 116/76 78 98.5

HEIGHT 5'10" WEIGHT 202

CURRENT MEDICAL PROBLEMS

schizophrenic, temper explosive d/o, bipolar

PERSONAL DOCTOR Denise ADDRESS _____

HOSPITALIZATIONS

None since DDS (to State) last November.

CURRENT MEDICATIONS

depakote (for seizures & bipolar)

trivil? (similar to elavil)

MEDICATIONS BROUGHT IN? NO

NURSING ASSESSMENT:

At dx 4. NAD. - In for court from Bullock County.
States no meds since Sunday.

U (nurses initials) EXPLAINED HOW TO OBTAIN MEDICAL
TREATMENT WHILE IN HCJ

NURSE U

born
15- bed
32
2/10/11

- Valproic Acid 500mg po qhs
- PM snack
- Zantac 300mg po qhs

V.D.D. Spiegner CRNP/Incar
D1

✓ Court
✓ N.C. (charged w/ 45 for
2 med. then
sharply thereafter
to state)
✓ FS
✓ MAR

Confirmed 1/11 in
SAP program - started
2/21/06. 1/11 went to
court today.
notified! - Sgt. Davis

ABL MANAGEMENT, INC
HOUSTON COUNTY JAIL

Restricted Medical Diet Order

DATE DIET BEGINS: 2/22/06 DIET CANCELLATION DATE: _____
 INMATE/DETAINEE NAME: LONG, James I.D. NUMBER: 55631
 HOUSING UNIT: A-pod

MEDICAL NOTE: The following diet plans have been developed for this facility. If you do not see the required diet listed on this order form, the dietician must be contacted BEFORE the diet may be produced. Thank you for your cooperation.

DIET ORDER: (Check ONLY ONE diet at a time. Please!)

*Add to pm snack
list please*

- ☐ 1. Dental/Mechanical (for dental problems)
- ☐ 2. Dental/Straw Full Liquid (For Wired Jaws - 30 days only; renewal required)
- ☐ 3. 1800 CAL A.D.A with H.S. Snack (Insulin Dependent)* 4 Meal Plan
- ☐ 4. 2200 CAL A.D.A. with H.S. Snack (Insulin Dependent)* 4 Meal Plan
- ☐ 5. 2600 CAL A.D.A. with H.S. Snack (Insulin Dependent)* 4 Meal Plan
- ☐ 6. No Concentrated Sweets with H.S. Snack (Non-Insulin Dependent) 4 Meal Plan
- ☐ 7. Pregnancy with H.S. Snack (+500 calories and 4 ml/ks) 4 Meal Plan
- ☐ 8. Nutrition Support with H.S. Snack (+500 calories and 4 ml/ks) 4 Meal Plan
- ☐ 9. High Fiber (approximately 28 grams)
- ☐ 10. Full Liquid (3 days only)
- ☐ 11. Clear Diet (2 days only)
- ☐ 12. Heart Healthy (Low Fat [$<30\%$]/Low Cholesterol [<300 mg]/Low Salt [<4 gm NA])

I have been counseled on this diet, understand the plan and agree to follow the rules of eating the diet every day. I also understand that if I do not pick up the diet tray at each meal, the diet may be canceled by medical.

Inmate/Detainee's Signature: on file

Date: 2/22/06

COMMENTS: _____

Authorized Medical Health Provider: u

KITCHEN RECEIVED BY: _____

DATE: _____

*NO WEIGHT REDUCTION DIETS ARE TO BE ORDERED USING THE ADA PATTERNS; USE HEART HEALTHY DIET FOR LIFE THREATENING CASES OF WEIGHT CONTROL. VEGETARIAN DIETS ARE NOT A MEDICAL PROBLEM. THEREFORE, THEY ARE NOT ORDERED ON THIS FORM. THANK YOU.

HOUSTON COUNTY JAIL

P. O. BOX 6406
 DOTHAN, ALABAMA 36302

NURSE'S NOTES

NAME: Last

First

Middle

DATE OF BIRTH

DATE

NOTES TO BE SIGNED BY THE NURSE

11-04-05

late entry - attempted to house
 S/M in docket last evening. S/M
 refused stating if he was in a
 cell alone - the voices would
 make him crazy. Stated he
 would rather be in his cell
 to cell mate sleeping on the
 floor. S/M sent back to
 pod - Etway, Up
 Labs scheduled for Monday
 11-07-05 for Depakote level,
 Cmp, CBC - Etway, Up

HOUSTON COUNTY JAIL MEDICAL CLINIC

INTAKE

DATE 10-24-05INMATE Long, James # 55631 DOB 5-7-72ALLERGIES NKDAVIS 117/68 59 18 98.2HEIGHT 5'10" WEIGHT 188

CURRENT MEDICAL PROBLEMS

Bi-polar, Schizophrenia, Anti-social, Explosive behaviorPERSONAL DOCTOR Dennis ADDRESS _____

HOSPITALIZATIONS

CURRENT MEDICATIONS

Wellbutrin - Lost use of these med approx. 1 month ago.
Depakote
TrileptalMEDICATIONS BROUGHT IN? NO

NURSING ASSESSMENT:

States he was here - then to work release & other inmates told him that they wouldn't let him

stay there & that kind of med (I told him CCO is aware of all meds/diagnosis & further told him he could continue to buy meds from us if at CCO). Inmate states first time here at jail, he took meds (chart pulled, wellbutrin 200mg PO daily & Trileptal 150mg PO daily - 3/22/05). Per correspondence (written) from Spectracare, dated 7/29/04, Wellbutrin XL 300mg & depakote ER 500mg po qhs. & copy of "Physician Assess" Spectracare do state that inmate on trileptal also. - Inmate states mother will not bring in any meds (inmate c/o hearing voices). Instructed inmate to fill out request form to ask for substitute.

Spectracare
"Nathan"
Not open in the computer.

Not Regularly

(nurses initials) EXPLAINED HOW TO OBTAIN MEDICAL
TREATMENT WHILE IN HCJ

NURSE

55631

HOUSTON COUNTY JAIL MEDICAL CLINIC

INTAKE

DATE 3-15-05

INMATE Long, James M. # 55631 DOB 5-7-72

ALLERGIES NKDA

VIS 127/72 53 19 97.8
63 02 = 99%

HEIGHT 5'10" WEIGHT 189

CURRENT MEDICAL PROBLEMS

bipolar disorder "explosive temper"

PERSONAL DOCTOR Spectracare ADDRESS _____

HOSPITALIZATIONS

denies

CURRENT MEDICATIONS

none here

MEDICATIONS BROUGHT IN? no

NURSING ASSESSMENT:

Explained to I/M that we will have to wait for his records to come back.
MVA

MCH (nurses initials) EXPLAINED HOW TO OBTAIN MEDICAL
TREATMENT WHILE IN HCJ

NURSE Margaret Homar APRN

HOUSTON COUNTY JAIL

P. O. BOX 6406
 DOTHAN, ALABAMA 36302

NURSE'S NOTES

NAME: Last <i>Long</i>	First <i>James</i>	Middle <i>W</i>	DATE OF BIRTH <i>5-7-77</i>
DATE <i>3/23/04</i>	NOTES TO BE SIGNED BY THE NURSE		
	<p><i>S Intake: HAA Bradeline ADA</i> <i>(Q mark taken for this) % being depressed</i> <i>/ Anxiety. John Wellbutin SA 200mg</i> <i>PO Q AM. PT % mood swings and take</i> <i>TALLETAL 150mg I-II PO Q AM for this.</i> <i>(for home mark) PT was TT for this @</i> <i>Spectrasone MD's Name unknown.</i> <i>PT state he feels more depressed due to</i> <i>missing his family. PT state he didn't want</i> <i>to hurt himself or anyone.</i> <i>O T-97.1 P-62 R-18 B/P 123/87</i> <i>(PT stated he stopped taking his mark for</i> <i>30d and just started them when he come</i> <i>to Jail. PT under good eye contact,</i> <i>calm A+ O X3 HT 69" WT 190</i> <i>PEARL ENT - WHL CBG - 104 nonfasting</i> <i>lungs clear + egot O2 SAT 100%</i> <i>P CATH to remove, apt for records - Jay W. L. CPH</i> <i>F/S - W P - PT instructed how to get medical attention</i> <i>MAN - W with FIV E B/P V X3d - Jay W. L. CPH</i></p>		

LAB/X-RAY

DOCTORS LABORATORY INC.

DIRECTOR 2906 JULIA DRIVE, VALDOSTA GEORGIA 31604
 JACKSON L. GATES, M.D. PHONE (229) 244-4468

PATIENT: LONG, JAMES M. SEX, SP: M
 PT PHONE: 712 0762 FASTING: NO COLLECTED: 04/27/2007-11:00 AM
 ACCESSION: S6444480 AGE, DOB: 34, 05/07/1972 RECEIVED: 04/27/2007-6:32 PM
 PT ID#: 55631 REQ#: REPORTED: 04/28/2007-8:05 AM
 MED REC#: RM#: ROUTE/STOP: 9501 PAGE 1
 PHYSICIAN: BANNER
 CLIENT: HOUSTON COUNTY JAIL ACCOUNT NO. 12519
 901 E. MAIN STREET
 DOTHAN, AL 36301

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	NORMAL RANGE	UNITS
HEPATITIS SCREENING PROFILE				
HEPATITIS A VIRAL ANTIBODY (IgM)				
ANTI-HAV (IgM)	NON-REACTIVE		NON-REACTIVE	
INTERPRETATION: IgM antibodies to HAV not detected; does not exclude early acute or recovered HAV infection.				

HEPATITIS B CORE ANTIBODY (IgM)				
ANTI-HBc (IgM)	NON-REACTIVE		NON-REACTIVE	
HEPATITIS B SURFACE ANTIGEN				
HBsAG, SCREEN	NON-REACTIVE		NON-REACTIVE	
HEPATITIS C ANTIBODY	NON-REACTIVE		NON-REACTIVE	
INTERPRETATION: Antibodies to HCV not detected; does not exclude early acute HCV infection.				

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY INC., VALDOSTA, GA

CLIA No. 1D0648134
Medicare No. 65016769LA



Barcode

2906 Julia Drive
Valdosta, Georgia 31602
1-800-342-7552
www.doctorslaboratory.com

PATIENT ID # 33031
REC. #
ORDERING PHYSICIAN
PATIENT NAME (LAST) FIRST MI
Lyle, James M
PATIENT PHONE # 712-0762
MALE DOB 1/12/72 FASTING Y (N) COLLECTION DATE 4/2/07 TIME 1:00 PM
BILL TO CLIENT PATIENT WORKERS COMP
INSURANCE MEDICARE MEDICAID
PATIENT INFO STREET CITY STATE ZIP
INSURED'S NAME
REPORT STREET CITY STATE ZIP
PATIENT'S RELATIONSHIP TO INSURED
SELF SPOUSE CHILD OTHER
CALL RESULTS TO: NAME NUMBER
FAX RESULTS TO: NAME NUMBER

12519
HOUSTON COUNTY JAIL
901 E. MAIN STREET
DOTHAN, AL 36301

334-712-0762

INSURANCE #
MEDICAID # STATE
SUBSCRIBER # GROUP
INSURANCE CO.
ADDRESS
CITY STATE ZIP
SINCE OUR DANCE CITY STATE ZIP

REQUIRED ICD -9 DIAGNOSIS CODES FOR TESTS ORDERED REQUIRED

TEST #	AMA APPROVED PANELS	CPT	CONT	TEST #	CPT	CONT	TEST #	CPT	CONT		MICROBIOLOGY	CPT CODE(S)	CON		
783	ACUTE HEPATITIS PANEL *	80074	SST	GLUCOSE SERIES			150	PT (PROTHROMBIN TIME) *	85810	B	8998	CHLAMYDIA & GC- AMPLI. DNA (Genital Only)	87491 87591	PT	
147	BASIC METABOLIC PANEL *	80048	SST	503	FBS-FASTING GLUCOSE *	82847	SST	43100	PSA, MEDICARE ONLY	G0103	SST	2238	CHLAMYDIA & GC- AMPLI. DNA (Urine)	87491 87591	SC
328	COMP METABOLIC PANEL *	80053	SST	566	1 HR PP GLUCOSE	82847	SST	149	PTT (PARTIAL THROMBOPLAS.) *	85730	B	2235	VAGINITIS PROFILE - DNA Probe for Trichomonas,Candida,Gardnerella	87660 87480 87510	VP
329	ELECTROLYTE PANEL	80051	SST	592	OB 1 HR	82950	SST	130	RHEUMATOID TEST (QUANT)	86431	SST	2260	GROUP "B" STREP. CULTURE (Genital)	87070	SW
234	HEPATIC FUNCTION PANEL *	80076	SST	555	2 HR PP GLUCOSE	82847	SST	335	RUBELLA (IgG)	86762	SST	2233	GROUP "B" STREP. CULTURE (Urine)	87081	SC/U
819	LIPID PANEL *	80061	SST	9764	FASTING & 1 HR GLUCOSE	82950	2 SST	132	RPR *	86592	SST	2263	GENITAL CULTURE	87070 87071	SW
908	OBSTETRIC PANEL	80055	RT,LAV	556	FASTING & 2 HR GLUCOSE	82950	2 SST	133	SED RATE (WESTERGREN)	85652	L	231	HERPES SIMPLEX CULTURE	87252 87253 87254	M4
242	RENAL PANEL	80069	SST	551-554	GLUC. TOLERANCE _____ HR	82951/2	n-SST	515	SGOT (AST)	84450	SST		Source:		
305	AMYLASE, SERUM	82150	SST	585-588	OB GTT SERIES _____ HR	82951/2	n-SST	516	SGPT (ALT)	84460	SST	202	STOOL CULTURE	87045 87046	SC/S
216	ANA	86038	SST	418	HCG, QUANTITATIVE *	84702	SST	417	T3 (TRIIODOTHYRONINE) *	84480	SST	125	OVA & PARASITE EXAM.	87177	SC
177	ANTIBODY SCREEN	86886	L	329	HDL, CHOLESTEROL *	83718	SST	407	T3 UPTAKE *	84479	SST	124	OCCULT BLOOD TEST (Fecal) *	82270	SC
401	B12, VITAMIN	82607	SST	347	HEMOGLOBIN A1C *	83036	L	408	T4 (THYROXINE) *	84436	SST	243	CLOSTRIDIUM DIFFICILE TOXINS A/B	87324	SC
304	BUN (BLOOD UREA NITROGEN)	84520	SST	372	HEPATITIS B CORE AB (IgM)	86705	SST	353	THEOPHYLLINE	80198	SST	290	GIARDIA DETECTION BY IFA	87269	SC
703	CA-125 (CANCER ANTIGEN) *	86304	SST	412	HEPATITIS B SURF. ANTIGEN	87340	SST	415	TSH *	84443	SST	235	WBC'S EXAM. (Fecal)	89055	SC
364	CARBAMAZEPINE (TEGRETOL)	80156	SST	421	HEPATITIS B SURF. ANTIBODY	86706	SST	506	URIC ACID, SERUM	84550	SST	117	FECAL FAT (SUDAN STAIN)	82705	SC
114	CBC *	85025	L	9716	HEPATITIS C, ANTIBODY	86803	SST	134	URINALYSIS *	81001	U	280	ROTAVIRUS DETECTION BY EIA	87425	SC
371	CEA (CARCINOEMBRYONIC AG) *	82378	SST	9992	HIV 1/2 ANTIBODY SCREEN *	86703	SST	379	VALPROIC ACID	80164	SST	219	URINE CULTURE *	87086	SC/U
507	CHOLESTEROL *	82465	SST	9630	HOMOCYSTEINE	83090	SST	URINE CHEMISTRIES			222	SPUTUM CULTURE	87070 87071	SC	
402	CORTISOL, SERUM (AM)	82533	SST	317	IMMUNOGLOBULINS (G.A.M)	82784x3	SST	24 HOUR TV: _____ Random UR <input type="checkbox"/>			206	BLOOD CULTURE	87040	BC	
422	CORTISOL, SERUM (PM)	82533	SST	320	IRON & TIBC *	83550	SST				200	THROAT CULTURE (Complete)	87070	SW	
514	CPK, TOTAL	82550	SST	513	LDH, TOTAL	83615	SST	536	CREATININE CLEARANCE	82575	SST,U	230	THROAT CULTURE (Beta Strep. only)	87070	SW
505	CREATININE, SERUM	82565	SST	854	LITHIUM	80178	SST		WT _____ HT _____		204	WOUND CULTURE	87070	SW	
115	CRP	86140	SST	425	LH (LUTEINIZING HORMONE)	83002	SST				201	MISCELLANEOUS CULTURE	87070	SW	
417	CRP, HIGHLY SENSITIVE	86141	SST	325	MAGNESIUM	83735	SST	8282	UREA CLEARANCE	84545	SST,U	208	BODY FLUID CULTURE	87070	SC/S
404	DIGOXIN *	80162	SST	123	MONO SCREEN	86308	SST	327	URINE PROTEIN	84156	U	207	FUNGUS CULTURE (Non-Systemic)	87101	SC
405	DILANTIN	80185	SST	414	PHENOBARBITOL	80184	SST	9752	MICROALBUMIN	82043	U	210	Source:		
346	ESTRADIOL	82670	SST	518	POTASSIUM	84132	SST	351	MICROALB/CREAT RATIO (82043)	82570	U	213	GRAM STAIN	87205	SC/S
420	FERRITIN, SERUM *	82728	SST	411	PREGNANCY TEST (QUAL)	84703	SST	8054	PROTEIN/CREAT RATIO (84156)	82570	U	210	Source:		
406	FOLATE, SERUM	82746	SST	924	PROGESTERONE	84144	SST	KEY: SST=SERUM SEPARATOR TUBE L=LAVENDAR			Key: PT = ProbeTec; SC = Sterile Container; VP = VP Collection tub				
428	FREE T4 *	84439	SST	419	PROLACTIN	84146	SST	RT=PLAIN RED TOP n-SST=REQUIRES MULTIPLE TUBES			UP = Urine with Preservative; SW = Culture Swab;				
426	FSH, SERUM	83001	SST	431	PROSTATE SPEC. ANTIGEN *	84153	SST	B=BLUE TOP U=URINE			BC = Blood Culture Bottle(s); M4 = Multi-transport Medium				

CAP # 35-01
CLIA No. 150646134
Medicare No. 65016769LA



Barcode

2906 Julia Drive
Valdosta, Georgia 31602
1-800-342-7552
www.doctorslaboratory.com

12519
HOUSTON COUNTY JAIL
501 E. MAIN STREET
DOUGLAS, AL 36801

354-712-0762

PATIENT ID # 5031 REC # 142007
PATIENT NAME (LAST) FIRST MI DOB 05/17/62 FEMALE
PATIENT PHONE 770-0762
FASTING Y (N) DATE 09/14/07 TIME 10:00 AM
BILL TO CLIENT PATIENT WORKERS COMP
INSURANCE MEDICARE MEDICAID
STREET CITY STATE ZIP
INSURED'S NAME STREET CITY STATE ZIP
PATIENT'S RELATIONSHIP TO INSURED
SELF SPOUSE CHILD OTHER
CALL RESULTS TO: NAME NUMBER FAX RESULTS TO: NAME NUMBER

MEDICARE # STATE
MEDICAID # STATE
SUBSCRIBER # GROUP
INSURANCE CO. ADDRESS CITY STATE ZIP
S I E N S I T I V I T Y
MEDICARE # STATE
MEDICAID # STATE
SUBSCRIBER # GROUP
INSURANCE CO. ADDRESS CITY STATE ZIP

REQUIRED	ICD -9 DIAGNOSIS CODES FOR TESTS ORDERED	REQUIRED
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AMA APPROVED PANELS	CPT	CONT	TEST #	CPT	CONT	TEST #	CPT	CONT	MICROBIOLOGY	CPT	CONT
ACUTE HEPATITIS PANEL *	80074	SST	503	FBS-FASTING GLUCOSE *	82947	SST	43100	PT (PROTHROMBIN TIME) *	85810	B	8998
BASIC METABOLIC PANEL *	80048	SST	503	1 HR PP GLUCOSE	82947	SST	149	PSA, MEDICARE ONLY	G0103	SST	2238
COMP METABOLIC PANEL *	80053	SST	566	OB 1 HR	82950	SST	130	PTT (PARTIAL THROMBOPLAS) *	85730	B	2235
ELECTROLYTE PANEL	80051	SST	592	2 HR PP GLUCOSE	82947	SST	335	RHEUMATOID TEST (QUANT)	86431	SST	2260
HEPATIC FUNCTION PANEL *	80076	SST	555	FASTING & 1 HR GLUCOSE	82950	2 SST	132	RUBELLA (IgG)	86782	SST	2260
LIPID PANEL *	80081	SST	9764	FASTING & 2 HR GLUCOSE	82950	2 SST	133	RPR *	86592	SST	2233
OBSTETRIC PANEL	80055	RT,LAV	556	GLUC. TOLERANCE	82951/2	n-SST	515	SED RATE (WESTERGREN)	85852	L	2263
RENAL PANEL	80089	SST	551-554	OB GTT SERIES	82951/2	n-SST	516	SGOT (AST)	84450	SST	231
AMYLASE, SERUM	82150	SST	585-588	HCG, QUANTITATIVE *	84702	SST	417	SGPT (ALT)	84460	SST	202
ANA	86038	SST	418	HDL, CHOLESTEROL *	83718	SST	407	T3 (TRIiodOTHYRONINE) *	84480	SST	125
ANTIBODY SCREEN	86886	L	329	HEMOGLOBIN A1C *	83036	L	408	T3 UPTAKE *	84479	SST	124
B12, VITAMIN	82607	SST	347	HEPATITIS B CORE AB (IgM)	86705	SST	353	T4 (THYROXINE) *	84436	SST	243
BUN (BLOOD UREA NITROGEN)	84520	SST	372	HEPATITIS B SURF. ANTIGEN	87340	SST	415	TSH *	84443	SST	290
CA-125 (CANCER ANTIGEN) *	86304	SST	412	HEPATITIS B SURF. ANITBODY	86706	SST	506	URIC ACID, SERUM	84550	SST	235
CARBAMAZEPINE (TEGRETOL)	80156	SST	421	HEPATITIS C, ANTIBODY	86803	SST	134	URINALYSIS *	81001	U	117
CBC *	85025	L	9716	HIV 1/2 ANTIBODY SCREEN *	86703	SST	379	VALPROIC ACID	80164	SST	280
CEA (CARCINOEMBRYONIC AG) *	82378	SST	9992	HOMOCYSTEINE	83080	SST	24	24 HOUR TV: Random UR			219
CHOLESTEROL *	82465	SST	9630	IMMUNOGLOBULINS (G,A,M)	82784x3	SST	536	CREATININE CLEARANCE	82575	SST,U	222
CORTISOL, SERUM (AM)	82533	SST	317	IRON & TIBC *	83550	SST		WT HT			206
CORTISOL, SERUM (PM)	82533	SST	320	LDH, TOTAL	83615	SST		UREA CLEARANCE	84545	SST,U	200
CPK, TOTAL	82550	SST	513	LITHIUM	80178	SST		URINE PROTEIN	84158	U	230
CREATININE, SERUM	82565	SST	854	LH (LUTEINIZING HORMONE)	83002	SST		MICROALBUMIN	82043	U	204
CRP	86140	SST	425	MAGNESIUM	83735	SST	8282	MICROALB/CREAT RATIO (82043)	82570	U	201
CRP, HIGHLY SENSITIVE	86141	SST	325	MONO SCREEN	86308	SST	327	PROTEIN/CREAT RATIO (84156)	82570	U	208
DIGOXIN *	80162	SST	123	PHENOBARBITOL	80184	SST	9752				207
DILANTIN	80185	SST	414	POTASSIUM	84132	SST	351				210
ESTRADIOL	82670	SST	518	PREGNANCY TEST (QUAL)	84703	SST	8054				213
FERRITIN, SERUM *	82728	SST	411	PROGESTERONE	84144	SST		KEY: SST=SERUM SEPARATOR TUBE L= LAVENDAR			
FOLATE, SERUM	82746	SST	924	PROLACTIN	84146	SST		RT=PLAIN RED TOP n-SST=REQUIRES MULTIPLE TUBES			
FREE T4 *	84439	SST	419	PROSTATE SPEC. ANTIGEN *	84153	SST		B=BLUE TOP U=URINE			
FSH, SERUM	83001	SST	431								

Barcode

2906 Julia Drive
Valdosta, Georgia 31602
1-800-342-7552
www.doctorslaboratory.com

12519
HOUSTON COUNTY JAIL
501 E. MAIN STREET
DOTYAN, AL 36501

334-712-0762

PATIENT ID # 174031 REC. # 10
PATIENT NAME (LAST) FIRST MI Long, James M
PATIENT PHONE # 478-0462
MALE DOB 5.7.72 FASTING Y N DATE 9/19/07 TIME 1:05 PM
BILL TO CLIENT PATIENT WORKERS COMP INSURANCE MEDICARE MEDICAID
PATIENT INFO STREET CITY STATE ZIP
R P INSURED'S NAME
E A STREET CITY STATE ZIP
S T PATIENT'S RELATIONSHIP TO INSURED
P O SELF SPOUSE CHILD OTHER
CALL RESULTS TO: FAX RESULTS TO:
NAME NUMBER NAME NUMBER

MEDICARE # MEDICAID # SUBSCRIBER # INSURANCE CO. ADDRESS CITY STATE ZIP
S I N S C S O U N D A N C E Y E MEDICARE # MEDICAID # SUBSCRIBER # INSURANCE CO. ADDRESS CITY STATE ZIP

REQUIRED	ICD -9 DIAGNOSIS CODES FOR TESTS ORDERED	REQUIRED
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Banner Profile
#1

TEST #	AMA APPROVED PANELS	QPT	QDNT	TEST #	QPT	QDNT	TEST #	QPT	QDNT	TEST #	QPT	QDNT	TEST #	QPT	QDNT	MICROBIOLOGY	QPT	QDNT	CONT		
93	ACUTE HEPATITIS PANEL *	80074	SST	GLUCOSE SERIES				150	PT (PROTHROMBIN TIME)*	85810	B	8998	CHLAMYDIA & GC-AMPLI. DNA (Genital Only)	87491	PT						
47	BASIC METABOLIC PANEL*	80046	SST	503	FBS-FASTING GLUCOSE *	82947	SST	43100	PSA, MEDICARE ONLY	G0103	SST	2238	CHLAMYDIA & GC-AMPLI. DNA (Urine)	87491	SC						
28	COMP METABOLIC PANEL*	80053	SST	566	1 HR PP GLUCOSE	82947	SST	149	PTT (PARTIAL THROMBOPLAS),*	85730	B	2235	VAGINITIS PROFILE - DNA Probe for Trichomonas, Candida, Gardnerella	87660	VP						
29	ELECTROLYTE PANEL	80051	SST	592	OB 1 HR	82950	SST	130	RHEUMATOID TEST (QUANT)	86431	SST	2260	GROUP "B" STREP. CULTURE (Genital)	87480	SW						
134	HEPATIC FUNCTION PANEL*	80076	SST	555	2 HR PP GLUCOSE	82947	SST	335	RUELLA (IgG)	88782	SST	2263	GROUP "B" STREP. CULTURE (Urine)	87070	SC/UF						
119	LIPID PANEL *	80061	SST	9764	FASTING & 1 HR GLUCOSE	82950	2 SST	132	RPR*	86592	SST	2233	GENITAL CULTURE	87070	SW						
308	OBSTETRIC PANEL	80055	RT,LAV	556	FASTING & 2 HR GLUCOSE	82950	2 SST	133	SED RATE (WESTERGREN)	85652	L	2263	HERPES SIMPLEX CULTURE	87071	M4						
242	RENAL PANEL	80069	SST	551-554	GLUC. TOLERANCE	HR	82951/2	n-SST	515	SGOT (AST)	84450	SST	231	Source:	87252	SC/SV					
05	AMYLASE, SERUM	82150	SST	585-588	OB GTT SERIES	HR	82951/2	n-SST	516	SGPT (ALT)	84460	SST	202	STOOL CULTURE	87253	SC/SV					
16	ANA	86038	SST	418	HCG, QUANTITATIVE *	84702	SST	417	T3 (TRIIODOTHYRONINE)*	84480	SST	125	OVA & PARASITE EXAM.	87046	SC						
77	ANTIBODY SCREEN	88886	L	329	HDL, CHOLESTEROL *	83718	SST	407	T3 UPTAKE *	84479	SST	124	OCCULT BLOOD TEST (Fecal)*	87177	SC						
01	B12, VITAMIN	82607	SST	347	HEMOGLOBIN A1C *	83038	L	408	T4 (THYROXINE)*	84436	SST	243	CLOSTRIDIUM DIFFICILE TOXINS A/B	82270	SC						
404	BUN (BLOOD UREA NITROGEN)	84520	SST	372	HEPATITIS B CORE AB (IgM)	86705	SST	353	THEOPHYLLINE	80198	SST	290	GIARDIA DETECTION BY IFA	87324	SC						
703	CA-125 (CANCER ANTIGEN) *	86304	SST	412	HEPATITIS B SURF. ANTIGEN	87340	SST	415	TSH*	84443	SST	235	WBC'S EXAM. (Fecal)	87289	SC						
164	CARBAMAZEPINE (TEGRETOL)	80156	SST	421	HEPATITIS B SURF. ANTIBODY	86706	SST	506	URIC ACID, SERUM	84550	SST	117	FECAI FAT (SUDDAN STAIN)	89055	SC						
14	CBC *	85025	L	9716	HEPATITIS C, ANTIBODY	86803	SST	134	URINALYSIS*	81001	U	280	ROTAVIRUS DETECTION BY EIA	82705	SC						
371	CEA (CARCINOEMBRYONIC AG)*	82378	SST	9992	HIV 1/2 ANTIBODY SCREEN*	86703	SST	379	VALPROIC ACID	80164	SST	219	URINE CULTURE *	87425	SC/UF						
307	CHOLESTEROL *	82465	SST	9630	HOMOCYSTEINE	83090	SST	URINE CHEMISTRIES										222	SPUTUM CULTURE	87088	SC
402	CORTISOL, SERUM (AM)	82533	SST	317	IMMUNOGLOBULINS (G,A,M)	82784x3	SST	24 HOUR TV: _____ Random UR <input type="checkbox"/>										206	BLOOD CULTURE	87071	BC
422	CORTISOL, SERUM (PM)	82533	SST	320	IRON & TIBC*	83550	SST						200	THROAT CULTURE (Complete)	87040	SW					
514	CPK, TOTAL	82550	SST	513	LOH, TOTAL	83615	SST	536	CREATININE CLEARANCE	82575	SST,U	230	THROAT CULTURE (Beta Strep. only)	87070	SW						
505	CREATININE, SERUM	82565	SST	854	LITHIUM	80178	SST		WT	HT		204	WOUND CULTURE	87070	SW						
115	CRP	86140	SST	425	LH (LUTEINIZING HORMONE)	83002	SST					201	MISCELLANEOUS CULTURE	87070	SW						
1417	CRP, HIGHLY SENSITIVE	86141	SST	325	MAGNESIUM	83735	SST	8282	UREA CLEARANCE	84545	SST,U	208	BODY FLUID CULTURE	87070	SC/S						
404	DIGOXIN*	80162	SST	123	MONO SCREEN	86308	SST	327	URINE PROTEIN	84166	U	207	FUNGUS CULTURE (Non-Systemic)	87070	SC						
405	DILANTIN	80185	SST	414	PHENOBARBITOL	80184	SST	8752	MICROALBUMIN	82043	U	210	GRAM STAIN	87101	SC/S						
946	ESTRADIOL	82670	SST	518	POTASSIUM	84132	SST	351	MICROALB/CREAT RATIO (82043)	82570	U	213	KOH PREP. Source:	87205	SC/S						
420	FERRITIN, SERUM*	82728	SST	411	PREGNANCY TEST (QUAL)	84703	SST	8054	PROTEIN/CREAT RATIO (84156)	82570	U			87220	SC/S						
406	FOLATE, SERUM	82746	SST	924	PROGESTERONE	84144	SST	KEY: SST=SERUM SEPARATOR TUBE L=LAVENDAR										Key: PT = ProbeTec; SC = Sterile Container; VP = VP Collection kit			
428	FREE T4*	84439	SST	419	PROLACTIN	84146	SST	RT=PLAIN RED TOP n-SST=REQUIRES MULTIPLE TUBES										UP = Urine with Preservative; SW = Culture Swab;			
426	FSH, SERUM	83001	SST	431	PROSTATE SPEC. ANTIGEN*	84153	SST	B=BLUE TOP U=URINE										BC = Blood Culture Bottles; M4 = Multi-transport Medium			

Medicaid policy that has a medical necessity requirement, you should only order those tests which are medically

Form # F-DLI-021A Rev. 06/

DOCTORS LABORATORY INC.

DIRECTOR 2906 JULIA DRIVE, VALDOSTA GEORGIA 31604 CONTINUED REPORT
 JACKSON L. GATES, M.D. PHONE (229) 244-4468

PATIENT: LONG, JAMES M SEX, SP: M
 PT PHONE: 334 712 0762 FASTING: NO COLLECTED: 04/04/2007-1:35 PM
 ACCESSION: S6422268 AGE, DOB: 34, 05/07/1972 RECEIVED: 04/04/2007-6:48 PM
 PT ID#: 55631 REQ#: REPORTED: 04/05/2007-8:06 AM
 MED REC#: RM#: ROUTE/STOP: 9501 PAGE 2
 PHYSICIAN: BANNER
 CLIENT: HOUSTON COUNTY JAIL ACCOUNT NO. 12519
 901 E. MAIN STREET
 DOTHAN, AL 36301

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	NORMAL RANGE	UNITS
ALBUMIN	4.4		3.4-4.8	GM/DL
BILIRUBIN, TOTAL	0.3		0-1.0	MG/DL
PHOSPHATASE, ALK.	50		40-129	UNITS/L
AST (SGOT)	18		0-37	UNITS/L
ALT (SGPT)	17		0-40	UNITS/L
SODIUM	146		135-148	MEQ/L
POTASSIUM	4.4		3.5-5.3	MEQ/L
CARBON DIOXIDE	26		22-30	MEQ/L
Note: CO2 values may be decreased by exposure to room air.				
CHLORIDE	105		96-110	MEQ/L
CHOLESTEROL, TOTAL	179		<200 is desirable	MG/DL
TRIGLYCERIDES	145		DESIRABLE <150	MG/DL
HDL / LDL CHOLESTEROL				
HDL CHOLESTEROL		38 (L)	40-59	MG/DL
LDL		112 (H)	DESIRABLE RANGES:	
			FOR LOW RISK PTS <100 MG/DL	
			FOR HIGH RISK PTS <70 MG/DL	
CHOL/HDL RATIO	4.7			
NOTE: TEN TO TWELVE HOURS FASTING IS DESIRABLE FOR LIPID PROFILES.				
TSH	1.54		0.27-4.2	uIU/ML
FREE THYROXINE	0.97		0.80-1.70	NG/DL

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY INC., VALDOSTA, GA

DOCTORS LABORATORY INC.

DIRECTOR 2906 JULIA DRIVE, VALDOSTA GEORGIA 31604
JACKSON L. GATES, M.D. PHONE (229)244-4468

PATIENT: LONG, JAMES M SEX, SP: M
PT PHONE: 334 712 0762 FASTING: NO COLLECTED: 04/04/2007-1:35 PM
ACCESSION: S6422268 AGE, DOB: 34, 05/07/1972 RECEIVED: 04/04/2007-6:48 PM
PT ID#: 55631 REQ#: REPORTED: 04/05/2007-8:06 AM
MED REC#: RM#: ROUTE/STOP: 9501 PAGE 1
PHYSICIAN: BANNER
CLIENT: HOUSTON COUNTY JAIL ACCOUNT NO. 12519
901 E. MAIN STREET
DOTHAN, AL 36301

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	NORMAL RANGE	UNITS
VALPROIC ACID			50-100	MCG/ML
RESULT LESS THAN: 3.2 UG/ML RECHECKED				
GLOMERULAR FILTRATION RATE (CALC)				
GFR, BLACK	103		>60	
GFR, NON-BLACK	86		>60	
*** Glomerular Filtration Rate is calculated using the MDRD equation as recommended by the National Kidney Foundation. The GFR calculation is a no-charge service.				

PROFILE 40

CBC				
WBC	6.60		4.0-11.7	THOU/CUMM
RBC		4.32 (L)	4.7-6.0	MILL/CUMM
HEMOGLOBIN	14.7		13.5-18.0	GMS
HEMATOCRIT	42.5		42.0-52.0	%
MCV	98.4		78-99	FL
MCH		34.0 (H)	27-31	PG
MCHC	34.5		32.0-36.0	G/DL
RDW	13.5		11.5-14.0	%
PLATELET COUNT	180		140-440	THOU/CUMM
NEUTROPHILS	56.4		40-75	%
LYMPHOCYTES	35.9		15-45	%
MONOCYTES	6.0		4.0-12.0	%
EOSINOPHILS	1.2		0-6	%
BASOPHILS	0.5		0-2	%
COMPREHENSIVE METABOLIC PANEL				
CALCIUM	9.8		8.5-10.8	MG/DL
GLUCOSE		66 (L)	70-110	MG/DL
BUN	11		6-24	MG/DL
CREATININE	1.00		0.60-1.40	MG/DL
PROTEIN, TOTAL	6.7		6.4-8.3	GM/DL

REPORT CONTINUED ON NEXT FORM

CAP No. 28485-01
CLIA # 100646134
Medical Co. 65016769LAJames H. Hudson Jr., M.D.
Director
2906 Julia Drive
Valdosta, Georgia 31602
1-800-342-7552
www.doctorslaboratory.com

PATIENT ID #		MED. REC. #		ORDERING PHYSICIAN	
PATIENT NAME (LAST)		FIRST		MI	
MALE		DOB		FASTING	
FEMALE		5, 7, 12		Y N	
BILL TO		PATIENT		WORKERS COMP	
INSURANCE		MEDICARE		MEDICAID	
PATIENT INFO		STREET		CITY	
STATE		ZIP		INSURED'S NAME	
R E S P O N S I B L E P A R T Y		STREET		CITY	
STATE		ZIP		PATIENT'S RELATIONSHIP TO INSURED	
SELF		SPOUSE		CHILD	
OTHER		CALL RESULTS TO:		FAX RESULTS TO:	
NAME		NAME		NUMBER	
NUMBER					

12519
HOUSTON COUNTY JAIL
901 E. MAIN STREET
DOUGLAS, AL 36801

334-712-0782

INSURANCE #		STATE		SUBSCRIBER #		GROUP		INSURANCE CO.		ADDRESS		CITY		STATE		ZIP	
MEDICARE #		STATE		MEDICAID #		GROUP		INSURANCE CO.		ADDRESS		CITY		STATE		ZIP	

REQUIRED

ICD -9 DIAGNOSIS CODES FOR TESTS ORDERED

REQUIRED

EST #	AMA APPROVED PANELS	CPT	CONT	TEST #	CPT	CONT	TEST #	CPT	CONT	MICROBIOLOGY	CPT CODE(S)	CON
1793	ACUTE HEPATITIS PANEL *	80074	SST	503	82947	SST	150	85610	B	8998	CHLAMYDIA & GC-AMPLI. DNA (Genital)	PT
1547	BASIC METABOLIC PANEL	80048	SST	503	82947	SST	43100	80103	SST	2238	CHLAMYDIA & GC-AMPLI. DNA (Urine)	SC
1528	COMP METABOLIC PANEL	80053	SST	566	82950	SST	149	85730	B	2235	VAGINITIS PROFILE - DNA Probe for Trichomonas, Candida, Gardnerella	VP
1529	ELECTROLYTE PANEL	80051	SST	592	82950	SST	130	86431	SST	2260	GROUP "B" STREP. CULTURE (Genital)	SW
1234	HEPATIC FUNCTION PANEL *	80076	SST	555	82947	SST	335	86762	SST	2263	GENITAL CULTURE	SW
1819	LIPID PANEL *	80061	SST	9764	82950	2 SST	132	86592	SST	202	STOOL CULTURE	SC/SI
1908	OBSTETRIC PANEL	80055	RT,LAV	556	82950	2 SST	133	85652	L	125	OV & PARASITE EXAM.	SC
1242	RENAL PANEL	80069	SST	551-554	82951/2	n-SST	515	84450	SST	124	OCCULT BLOOD TEST (Fecal)	SC
305	AMYLASE, SERUM	82150	SST	585-588	82951/2	n-SST	516	84480	SST	243	CLOSTRIDIUM DIFFICILE TOXINS A/B	SC
216	ANA	86038	SST	418	84702	SST	417	84480	SST	290	GIARDIA DETECTION BY IFA	SC
177	ANTIBODY SCREEN	86886	L	329	83718	SST	407	84479	SST	235	WBC'S EXAM. (Fecal)	SC
401	B12, VITAMIN	82607	SST	347	83036	L	408	84436	SST	117	FECAL FAT (SUDAN STAIN)	SC
504	BUN (BLOOD UREA NITROGEN)	84520	SST	372	86705	SST	353	80198	SST	280	ROTAVIRUS DETECTION BY EIA	SC
3703	CA-125 (CANCER ANTIGEN) *	86394	SST	412	87340	SST	415	84443	SST	219	URINE CULTURE	SC/SI
364	CARBAMAZEPINE (TEGRETOL)	80156	SST	421	86706	SST	506	84550	SST	222	SPUTUM CULTURE	SC
114	CBC *	85025	L	9716	86803	SST	134	81001	U	206	BLOOD CULTURE	BC
371	CEA (CARCINOEMBRYONIC AG)	82378	SST	9992	86703	SST	379	80164	SST	200	THROAT CULTURE (Complete)	SW
507	CHOLESTEROL *	82465	SST	9630	83080	SST				230	THROAT CULTURE (Beta Strep. only)	SW
402	CORTISOL, SERUM (AM)	82533	SST	317	82784x3	SST				204	WOUND CULTURE	SW
422	CORTISOL, SERUM (PM)	82533	SST	320	83550	SST				201	MISCELLANEOUS CULTURE	SW
514	CPK, TOTAL	82550	SST	513	83615	SST				208	BODY FLUID CULTURE	SC/SI
505	CREATININE, SERUM	82565	SST	854	80178	SST	536	82575	SST,U	207	FUNGUS CULTURE (Non-Systemic)	SC
115	CRP	86140	SST	425	83002	SST	8282	84545	SST,U	210	GRAM STAIN	SC/SI
3417	CRP, HIGHLY SENSITIVE	86141	SST	325	83735	SST	327	84156	U			
404	DIGOXIN *	80162	SST	123	86308	SST	9752	82043	U			
405	DILANTIN	80185	SST	414	80184	SST	351	82570	U			
946	ESTRADIOL	82670	SST	518	84132	SST	8054	82570	U			
420	FERRITIN, SERUM *	82728	SST	411	84703	SST						
406	FOLATE, SERUM	82746	SST	924	84144	SST						
428	FREE T4 *	84439	SST	419	84146	SST						
426	FSH, SERUM	83001	SST	431	84153	SST						

KEY: SST=SERUM SEPARATOR TUBE L=LAENDERAR
RT=PLAIN RED TOP n-SST=REQUIRES MULTIPLE TUBES
B=BLUE TOP U=URINEKey: PT = ProbeTec; SC = Sterile Container;
VP = VP Collection tube; UP = Urine with Preservative
SW = Culture Swab; BC = Blood Culture Bottle(s)

634-712-0762

TEST #			CPT		CONT		TEST #			CPT		CONT		MICROBIOLOGY		CPT		CONT	
TEST #			CPT		CONT		TEST #			CPT		CONT		MICROBIOLOGY		CPT		CONT	
793	ACUTE HEPATITIS PANEL *	80074	SST	GLUCOSE SERIES			150	PT (PROTHROMBIN TIME)	85610	B	8998	CHLAMYDIA & GC-AMPLI. DNA (Genital)	87491	PT					
547	BASIC METABOLIC PANEL	80048	SST	503	FBS-FASTING GLUCOSE	82947	SST	43100	PSA, SCREENING	G0103	SST	2238	CHLAMYDIA & GC-AMPLI. DNA (Urine)	87491	SC				
528	COMP METABOLIC PANEL	80053	SST	566	1 HR PP GLUCOSE	82947	SST	149	PTT (PARTIAL THROMBOPLAS.)*	85730	B	2235	VAGINITIS PROFILE - DNA Probe for	87660	VP				
529	ELECTROLYTE PANEL	80051	SST	592	OB 1 HR	82950	SST	130	RHEUMATOID TEST (QUANT)*	86431	SST		Trichomonas, Candida, Gardnerella	87490					
234	HEPATIC FUNCTION PANEL *	80076	SST	555	2 HR PP GLUCOSE	82947	SST	335	RUBELLA (IgG)	86762	SST	2260	GROUP "B" STREP. CULTURE (Genital)	87081	SW				
819	LIPID PANEL *	80061	SST	9764	FASTING & 1 HR GLUCOSE	82950	2 SST	132	RPR	86592	SST	2263	GENITAL CULTURE	87070	SW				
908	OBSTETRIC PANEL	80055	RT, LAV	556	FASTING & 2 HR GLUCOSE	82950	2 SST	133	SED RATE (WESTERGREN)*	85652	L	202	STOOL CULTURE	87045	SC/S				
242	RENAL PANEL	80069	SST	551-554	GLUC. TOLERANCE _____ HR	82951/2	n-SST	515	SGOT (AST)	84450	SST	125	OVA & PARASITE EXAM.	87177	SC				
305	AMYLASE, SERUM	82150	SST	565-568	OB GTT SERIES _____ HR	82951/2	n-SST	516	SGPT (ALT)	84460	SST	124	OCCULT BLOOD TEST (Fecal)	82270	SC				
216	ANA	86038	SST	418	HCG, QUANTITATIVE	84702	SST	417	T3 (TRIIODOTHYRONINE)*	84480	SST	243	CLOSTRIDIUM DIFFICILE TOXINS A/B	87324	SC				
177	ANTIBODY SCREEN	86886	L	329	HDL, CHOLESTEROL*	83718	SST	407	T4 UPTAKE *	84479	SST	290	GIARDIA DETECTION BY IFA	87269	SC				
101	B12, VITAMIN	82607	SST	347	HEMOGLOBIN A1C *	83036	L	408	T4 (THYROXINE)*	84436	SST	235	WBC'S EXAM. (Fecal)	89055	SC				
304	BUN (BLOOD UREA NITROGEN)	84520	SST	372	HEPATITIS B CORE AB (IgM)	86705	SST	353	THEOPHYLLINE	80198	SST	117	FECAL FAT (SUDAN STAIN)	82705	SC				
703	CA-125 (CANCER ANTIGEN) *	86304	SST	412	HEPATITIS B SURF. ANTIGEN	87340	SST	415	TSH*	84443	SST	280	ROTAVIRUS DETECTION BY EIA	87425	SC				
364	CARBAMAZEPINE (TEGRETOL)	80156	SST	421	HEPATITIS B SURF. ANTIBODY	86706	SST	506	URIC ACID, SERUM	84550	SST	219	URINE CULTURE	87086	SC/L				
114	CBC *	85025	L	9716	HEPATITIS C, ANTIBODY	86803	SST	134	URINALYSIS*	81001	U	222	SPUTUM CULTURE	87070	SC				
371	CEA (CARCINOEMBRYONIC AG)	82378	SST	9992	HIV 1/2 ANTIBODY SCREEN	86703	SST	379	VALPROIC ACID	80164	SST	206	BLOOD CULTURE	87040	BC				
507	CHOLESTEROL *	82465	SST	9630	HOMOCYSTEINE	83090	SST	URINE CHEMISTRIES				200	THROAT CULTURE (Complete)	87070	SW				
102	CORTISOL, SERUM (AM)	82533	SST	317	IMMUNOGLOBULINS (G, A, M)	82784x3	SST	24 HOUR TV:				230	THROAT CULTURE (Beta Strep. only)	87070	SW				
122	CORTISOL, SERUM (PM)	82533	SST	320	IRON & TIBC*	83550	SST					204	WOUND CULTURE	87070	SW				
514	CPK, TOTAL	82550	SST	513	LDH, TOTAL	83615	SST		CHECK HERE IF RANDOM: _____										
305	CREATININE, SERUM	82565	SST	854	LITHIUM	80178	SST	536	CREATININE CLEARANCE	82575	SST, U	201	MISCELLANEOUS CULTURE	87070	SW				
115	CRP	86140	SST	425	LH (LUTEINIZING HORMONE)	83002	SST	8282	UREA CLEARANCE	84545	SST, U		Source: _____						
417	CYP, HIGHLY SENSITIVE	86141	SST	325	MAGNESIUM*	83735	SST	327	URINE PROTEIN	84156	U	208	BODY FLUID CULTURE	87070	SC/S				

** REPRINT **

ph LONG, JAMES
 SPEIGNER
 HOUSTON COUNTY JAIL
 901 E. MAIN STREET
 DOTHAN, AL 36301

11/07/2005 11/07/2005 11/08/2005
 10:00 AM 6:14 PM 8:22 AM
 12519 S5910279
 33 M YES 9501 1
 05/07/1972
 PT ID#:55631 REQ#:

CBC			
WBC	7.50	4.49-11.69	THOU/CUMM
RBC	4.95	4.37-5.69	MILL/CUMM
HEMOGLOBIN	16.0	13.9-16.5	GMS
HEMATOCRIT	48.0	40.3-48.1	%
MCV		81.6-95.7	FL
MCH	32.2	26.7-32.3	PG
MCHC	33.2	32.6-36.0	G/DL
RDW	12.9	12.0-13.8	%
PLATELET COUNT	196	159-373	THOU/CUMM
NEUTROPHILS	57.9	44.8-74.2	%
LYMPHOCYTES	34.6	16.8-44.2	%
MONOCYTES	5.5	2.0-13.0	%
EOSINOPHILS	1.5	0-5.1	%
BASOPHILS	0.5	0-1.2	%
VALPROIC ACID		50-100	MCG/ML
COMPREHENSIVE METABOLIC PANEL	30 (L)		
CALCIUM	10.1	8.5-10.8	MG/DL
GLUCOSE	82	70-110	MG/DL
BUN	12	6-24	MG/DL
CREATININE	1.1	0.6-1.5	MG/DL
PROTEIN, TOTAL	7.4	6.4-8.3	GM/DL
ALBUMIN	4.7	3.4-4.8	GM/DL
BILIRUBIN, TOTAL	0.4	0-1.0	MG/DL
PHOSPHATASE, ALK.	63	40-129	UNITS/L
AST (SGOT)	13	0-37	UNITS/L
ALT (SGPT)	15	0-40	UNITS/L
SODIUM	143	135-148	MEQ/L
POTASSIUM	4.0	3.5-5.3	MEQ/L
CARBON DIOXIDE	30	22-30	MEQ/L
Note: CO2 values may be decreased by exposure to room air.			
CHLORIDE	102	96-110	MEQ/L
GLOMERULAR FILTRATION RATE (CALC)			
GFR, BLACK	99	>60	
GFR, NON-BLACK	82	>60	

*** Glomerular Filtration Rate is calculated using the MDRD
 REPORT CONTINUED ON NEXT FORM

** REPRINT **

ph	LONG, JAMES	MRN:	11/07/2005	11/07/2005	11/08/2005
			10:00 AM	6:14 PM	8:22 AM
	SPEIGNER				
	HOUSTON COUNTY JAIL				
	901 E. MAIN STREET			12519	S5910279
	DOTHAN, AL 36301				
			33	M	YES
			05/07/1972		9501 2
			PT ID#:55631	REQ#:	

equation as recommended by the National Kidney Foundation.
The GFR calculation is a no-charge service.

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA

DOCTORS LABORATORY INC.
DIRECTOR 2906 JULIA DRIVE, VALDOSTA GEORGIA 31604
JACKSON L. GATES, M.D. PHONE (229)244-4468

PATIENT: LONG, JAMES SEX, SP: M
PT PHONE: FASTING: NO COLLECTED: 10/24/2005-11:45 AM
ACCESSION: S5907442 AGE, DOB: 33,05/07/1972 RECEIVED: 10/24/2005-6:08 PM
PT ID#: 55631 REQ#: REPORTED: 10/25/2005-8:08 AM
MED REC#: RM#: ROUTE/STOP: 9501 PAGE 1
PHYSICIAN: BANNER
CLIENT: HOUSTON COUNTY JAIL ACCOUNT NO. 12519
901 E. MAIN STREET
DOTHAN, AL 36301

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	NORMAL RANGE	UNITS
VALPROIC ACID			50-100	MCG/ML
RESULT LESS THAN: 3.2 UG/ML RECHECKED				

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY INC., VALDOSTA, GA

Was not taking a outside (work release)

51 of 61 ORDERING PHYSICIAN

RECOMMENDATION

Key: PT = ProbeTec; SC = Sterile Container;
VP = VP Collection tube; UP = Urine with Preservative
SW = Culture Swab; BC = Blood Culture Bottle(s)

James H. Hudson Jr., M.D.
Director
2906 Julia Drive
Valdosta, Georgia 31602
1-800-342-7552
www.doctorslaboratory.com

PATIENT NAME (LAST) Long FIRST James MI PATIENT PHONE #
MALE 1 DOB 5 17 1972 FASTING Y (N) DATE 10-24-05 TIME 1145 AI PI
BILL TO ☒ CLIENT ☐ PATIENT ☐ WORKERS COMP ☐ INSURANCE ☐ MEDICARE ☐ MEDICAID
PATIENT INFO STREET CITY STATE ZIP
R E S P O N S E STREET CITY STATE ZIP
PATIENT'S RELATIONSHIP TO INSURED ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER
CALL RESULTS TO: NAME NUMBER FAX RESULTS TO: NAME NUMBER

12509
HOUSTON COUNTY JAIL
501 E. MAIN STREET
DOUGLAS, AL 36301

334-712-0762

INSURANCE # STATE GROUP
MEDICAID # STATE GROUP
SUBSCRIBER # STATE GROUP
INSURANCE CO.
ADDRESS
CITY STATE ZIP

REQUIRED ICD -9 DIAGNOSIS CODES FOR TESTS ORDERED REQUIRED

ST #	AMA APPROVED PANELS	CPT	CONT	TEST #		CPT	CONT	TEST #		CPT	CONT		MICROBIOLOGY	SP CODE(S)	CON	
793	ACUTE HEPATITIS PANEL *	80074	SST	GLUCOSE SERIES			150	PT (PROTHROMBIN TIME)	85610	B	8998	CHLAMYDIA & GC-AMPLI DNA (Genital)	87491 87591	PT		
547	BASIC METABOLIC PANEL	80048	SST	503	FBS-FASTING GLUCOSE	82947	SST	43100	PSA, SCREENING	60103	SST	2238	CHLAMYDIA & GC-AMPLI DNA (Urine)	87491 87591	SC	
328	COMP METABOLIC PANEL	80053	SST	566	1 HR PP GLUCOSE	82947	SST	149	PTT (PARTIAL THROMBOPLAS.)*	85730	B	2235	VAGINITIS PROFILE - DNA Probe for Trichomonas, Candida, Gardnerella	87660 87480 87510	VP	
529	ELECTROLYTE PANEL	80051	SST	592	OB 1 HR	82950	SST	130	RHEUMATOID TEST (QUANT)*	86431	SST					
234	HEPATIC FUNCTION PANEL *	80076	SST	555	2 HR PP GLUCOSE	82947	SST	335	RUBELLA (IgG)	86762	SST	2260	GROUP 'B' STREP. CULTURE (Genital)	87081	SW	
319	LIPID PANEL *	80061	SST	9764	FASTING & 1 HR GLUCOSE	82950	2 SST	132	RPR	86592	SST	2263	GENITAL CULTURE	87070 87071	SW	
308	OBSTETRIC PANEL	80055	RT,LAV	556	FASTING & 2 HR GLUCOSE	82950	2 SST	133	SED RATE (WESTERGREN)*	85652	L	202	STOOL CULTURE	87045 87046	SC/SV	
242	RENAL PANEL	80069	SST	551-554	GLUC. TOLERANCE _____ HR	82951/2	n-SST	515	SGOT (AST)	84450	SST	125	OVA & PARASITE EXAM.	87177	SC	
105	AMYLASE, SERUM	82150	SST	585-588	OB GTT SERIES _____ HR	82951/2	n-SST	516	SGPT (ALT)	84460	SST	124	OCCULT BLOOD TEST (Fecal)	82270	SC	
116	ANA	86038	SST	418	HCG, QUANTITATIVE	84702	SST	417	T3 (TRIIODOTHYRONINE)*	84480	SST	243	CLOSTRIDIUM DIFFICILE TOXINS A/B	87324	SC	
77	ANTIBODY SCREEN	86886	L	329	HDL, CHOLESTEROL*	83718	SST	407	T3 UPTAKE*	84479	SST	290	GIARDIA DETECTION BY IFA	87269	SC	
01	B12, VITAMIN	82607	SST	347	HEMOGLOBIN A1C*	83036	L	408	T4 (THYROXINE)*	84436	SST	235	WBC'S EXAM. (Fecal)	89055	SC	
703	BUN (BLOOD UREA NITROGEN)	84520	SST	372	HEPATITIS B CORE AB (IgM)	86705	SST	353	THEOPHYLLINE	80198	SST	117	FECAL FAT (SUDAN STAIN)	82705	SC	
304	CA-125 (CANCER ANTIGEN) *	86304	SST	412	HEPATITIS B SURF. ANTIGEN	87340	SST	415	TSH*	84443	SST	280	ROTAVIRUS DETECTION BY EIA	87425	SC	
164	CARBAMAZEPINE (TEGRETOL)	80156	SST	421	HEPATITIS B SURF. ANITBODY	86706	SST	506	URIC ACID, SERUM	84550	SST	219	URINE CULTURE	87086 87088	SC/VI	
14	CBC *	85025	L	9716	HEPATITIS C, ANTIBODY	86803	SST	134	URINALYSIS*	81001	U	222	SPUTUM CULTURE	87070	SC	
171	CEA (CARCINOEMBRYONIC AG)	82378	SST	9992	HIV 1/2 ANTIBODY SCREEN	86703	SST	379	✓ VALPROIC ACID	80164	SST	206	BLOOD CULTURE	87040	BC	
107	CHOLESTEROL *	82465	SST	9630	HOMOCYSTEINE	83090	SST	-URINE CHEMISTRIES					200	THROAT CULTURE (Complete)	87070	SW
102	CORTISOL, SERUM (AM)	82533	SST	317	IMMUNOGLOBULINS (G,A,M)	82784x3	SST	24 HOUR TV: _____					230	THROAT CULTURE (Beta Strep. only)	87070	SW
122	CORTISOL, SERUM (PM)	82533	SST	320	IRON & TIBC*	83550	SST					204	WOUND CULTURE	87070	SW	
114	CPK, TOTAL	82550	SST	513	LDH, TOTAL	83615	SST						Source: _____			
305	CREATININE, SERUM	82565	SST	854	LITHIUM	80178	SST	536	CREATININE CLEARANCE	82575	SST,U	201	MISCELLANEOUS CULTURE	87070	SW	
115	CRP	86140	SST	425	LH (LUTEINIZING HORMONE)	83002	SST	8282	UREA CLEARANCE	84545	SST,U		Source: _____			
417	CRP, HIGHLY SENSITIVE	86141	SST	325	MAGNESIUM*	83735	SST	327	URINE PROTEIN	84156	U	208	BODY FLUID CULTURE	87070	SC/SV	
104	DIGOXIN*	80162	SST	123	MONO SCREEN	86308	SST	9752	MICROALBUMIN	82043	U		Source: _____			
105	DILANTIN	80185	SST	414	PHENOBARBITOL	80184	SST	351	MICROALB/CREAT RATIO (82043)	82570	U	207	FUNGUS CULTURE (Non-Systemic)	87101	SC	
													Source: _____			
346	ESTRADIOL	82670	SST	518	POTASSIUM*	84132	SST	8054	PROTEIN/CREAT RATIO (84156)	82570	U	210	GRAM STAIN	87205	SC/SV	
120	FERRITIN, SERUM*	82728	SST	411	PREGNANCY TEST (QUAL)	84703	SST						Source: _____			
106	FOLATE, SERUM	82746	SST	924	PROGESTERONE	84144	SST	KEY: SST=SERUM SEPARATOR TUBE L=LAVENDAR					Key: PT = ProbeTec; SC = Sterile Container; VP = VP Collection tube; UP = Urine with Preservative SW = Culture Swab; BC = Blood Culture Bottle(s)			
128	FREE T4*	84439	SST	419	PROLACTIN	84146	SST	RT=PLAIN RED TOP n-SST=REQUIRES MULTIPLE TUBES								
126	FSH, SERUM	83001	SST	431	PROSTATE SPEC. ANTIGEN*	84153	SST	B=BLUE TOP U=URINE								

Key: PT = ProbeTec; SC = Sterile Container; VP = VP Collection tube; UP = Urine with Preservative; SW = Culture Swab; BC = Blood Culture Bottle(s)

INMATE REQUESTS

INMATE REQUEST FORM

Date: 6-23-07 INMATES # 55631 E-5
 To: Medical C/O SIGNATURE Mellor
 From: James Long SR C/O SIGNATURE J

NATURE OF REQUEST The medication I am taking for my back pain, I don't sleep and am having problems coping with situations.

ACTION TAKEN JMS 605

USBPI Reorder#12055 (8/06)

INMATE REQUEST FORM

Date: 6-19-07 INMATES # 55631 E-5
 To: Medical C/O SIGNATURE S. Moore
 From: James Long SR C/O SIGNATURE JLS

NATURE OF REQUEST I have sent several request asking X-rays be taken on my back and have not heard anything back. I'm in severe pain and ask for proper medical attention or send me to the state as I am a state inmate. James Long 55631 - #169420 Ala.

ACTION TAKEN Dr. Barker Q

IP1 Reorder#12055 (8/06)

INMATE REQUEST FORM

E-5

Date: 6-8-07 INMATES # 55631
 To: medical C/O SIGNATURE [Signature]
 From: James Long E-Pod SR C/O SIGNATURE e

NATURE OF REQUEST my left hip is causing severe pain since the incident from 4-17-07 and I'm requesting X-rays, Also I haven't been taking my meds for seizures and have been feeling like I'm going to have another

ACTION TAKEN

WNS Allen
6/11/07

USBPI Reorder#12055 (8/06)

INMATE REQUEST FORM

Date: 6-7-07 INMATES # 55631
 To: Nurse, medical C/O SIGNATURE [Signature]
 From: James Long E-5 SR C/O SIGNATURE [Signature]

NATURE OF REQUEST I'm having problems coping with the incident that occurred to me April 17th (Cavity search) and need to see someone to resolve the problem

ACTION TAKEN

LPN

USBPI Reorder#12055 (8/06)

INMATE REQUEST FORM

Date: 5-1-07 INMATES # 55631 N
 To: nurse, Ashley, and nurse Baile C/O SIGNATURE J. Moon
 From: James Long SR C/O SIGNATURE _____
 NATURE OF REQUEST you told me to send this request, requesting to be left in N pod or medical pod because of my mental disease by polar SKitzafroptic with pshcotic side features. This is a more relaxed enviroment. also I do have T.B. please keep me back here so I stay out of trouble thank you James Long

ACTION TAKEN _____

USBPI Reorder#12055 (8/06)

INMATE REQUEST FORM

Date: 4-27-07 INMATES # 55631
 To: medical C/O SIGNATURE [Signature]
 From: James Long SR C/O SIGNATURE [Signature]
 NATURE OF REQUEST I need to see a doctor concerning my lower back and left hip. It's causing me severe pain, I'm requesting X-rays on my back please

ACTION TAKEN _____

[Signature] has been seen

USBPI Reorder#12055 (8/06)

INMATE REQUEST FORM

Date: 4-24-07 INMATES # 55631
 To: Nurse Ashley C/O SIGNATURE [Signature]
 From: James Long SR C/O SIGNATURE _____

NATURE OF REQUEST I'm having problems With my left side, after being pulled apart at my waist, I can hardly sleep from the pain, and can only raise my leg a few inches before I feel a sharp pain shoot through my neck, back, waist and leg to foot.

ACTION TAKEN _____

USBPI Reorder# 12055 (8/06)

INMATE REQUEST FORM

Date: 4-24-07 INMATES # 55631 N
 To: medical C/O SIGNATURE [Signature]
 From: James Long SR C/O SIGNATURE _____

NATURE OF REQUEST I need to talk to and see Counselor. I keep having nightmares and dreams that I'm going through the same ordeal. Please let me talk to someone who can help. Also I sent request for blood work, because I do have hepatitis B.

ACTION TAKEN _____

BPi Reorder# 12055 (8/06)

INMATE REQUEST FORM

Date: 4-19-07 INMATES # 55631

To: medical C/O SIGNATURE Beatty

From: James Long SR C/O SIGNATURE Buckman

NATURE OF REQUEST I'm requesting blood work be done because, I do have hepatitis B - Nody of this

Thank you James Long

ACTION TAKEN

HPN

USBPI Reorder#12055 (8/06)

INMATE REQUEST FORM

Date: 4-18-07 INMATES # 55631 (N)

To: nurse Ashley C/O SIGNATURE Wiley

From: James Long SR C/O SIGNATURE (P)

NATURE OF REQUEST mrs. Ashley AS you know I was given a Cavity Search yesterday and have ASK to see nurse since I'm bleeding through my Anas and have severe pain please get me some help.

Thank you James Long

ACTION TAKEN

seen 4/18/07

USBPI Reorder#12055 (8/06)

INMATE REQUEST FORM

Date: 4-16-07 INMATES # 55631
 To: nurse C/O SIGNATURE [Signature]
 From: James Long SR C/O SIGNATURE [Signature]

NATURE OF REQUEST

I need to see the nurse
Concerning my meds.

ACTION TAKEN

[Signature]

USBPI Reorder#12055 (8/06)

INMATE REQUEST FORM

Date: 4-1-07 INMATES # 55631 N
 To: nurse Gaile C/O SIGNATURE [Signature]
 From: James Long SR C/O SIGNATURE [Signature]

NATURE OF REQUEST

my meds have been here for 4
week and still they are not on the med cart
please tell me why I'm not getting my meds. And
Also my spider bite has got worse and is hurting
bad. Thank you

ACTION TAKEN

Did not mention spider bite @
visit today - A.K.

USBPI Reorder#12055 (8/06)

INMATE REQUEST FORM

Date: 11-03-05 INMATES # 55631

To: Nurse Spigner C/O SIGNATURE [Signature]

From: James Long SR C/O SIGNATURE [Signature]

NATURE OF REQUEST I Can not sleep, and the voices I hear are getting worse and I'm worried I'm gonna hurt someone or myself. please help

ACTION TAKEN _____

INMATE REQUEST FORM

Date: 10-30-05 INMATES # 55631

To: Nurse Stringer C/O SIGNATURE [Signature]

From: James Long SR C/O SIGNATURE [Signature]

NATURE OF REQUEST I've been unable to sleep and also the depression is worse, the voices are more clear. I don't think the meds are working. Please help !!!

ACTION TAKEN He's on Valproic acid tabs + Wellbutrin 200mg tabs. Wellbutrin just went up to 200mg.

✓

No
Referrals
in file

REFERRALS

CORRESPONDENCE

HOUSTON COUNTY SHERIFF'S DEPARTMENT
MEDICAL CLINIC
ANDY R. HUGHES, SHERIFF

June 11, 2007

To: Records, SGT. Davis
From: Houston County Jail Clinic

Re: Long, James #55631

This inmate is currently housed at the Houston County Jail with a diagnosis of Bipolar Schizophrenia with psychotic features. Inmate has also been diagnosed with seizures . Inmate has been on Risperdal 2 mg, Lamictal 25mg, and Vistaril 50mg three times a day.

I have been informed that this inmate is now a State Inmate, perhaps you can facilitate his transfer to the State facility.

Your assistance in this matter is greatly appreciated.


Ashley Kennedy, LPN

INMATE GRIEVANCE FORM

DATE: 6-10-07, 2005 POD/CELL LOCATION: E-5INMATE NAME: James Long E-5 INMATE NUMBER: 55631NATURE OF GRIEVANCE OR INFORMATION: With all that has happened is true from 4-14-07 to now, with the illegal cavity search that was done to me, while here at Houston County Jail, and how very unprofessional, Nurse GAILE Commander Reed, Sgt. Kursey, & Seaverson Moore, in their job capacity, to were I am force to this matter out side of the Jail.WHAT DO YOU WANT TO HAPPEN TO SOLVE IT? Get me proper Attention that I have been deprived of, Because of the Cruel & Unusual punishment that has been inflicted on me.

OFFICER RESPONSE OR FINDING?

SGT. ON DUTY RESPONSE:

***** DO NOT SIGN UNTIL YOU HAVE READ RESPONSE *****

DATE GRIEVANCE RETURNED: _____

CORRECTIONS OFFICER SIGNATURE: _____

INMATE SIGNATURE: _____

South Central Alabama Mental Health Board

Coffee County Outpatient
P.O. Box 310638
Enterprise, Alabama 36331
(334) 347-0212



**SERVING BUTLER,
COFFEE, COVINGTON
AND CRENSHAW COUNTIES**

*Cynthia A. Hataway
Executive Director*

March 30, 2007

Houston County Jail Medical Clinic
901 East Main Street
Dothan, AL 36301

Re: James M. Long, Jr.
SS#: 514-84-6990
DOB: 05/07/72

Per your request, a copy of the above named consumer's record is enclosed.

This information consists of the Intake, Medication Chart, Diagnosis, Doctor's progress notes, and case summary.

If we can be of further assistance, please do not hesitate to contact us.

Sincerely,

SOUTH CENTRAL ALA MENTAL HEALTH CENTER

Mary Hataway
Mary Hataway
Office Manager

m

enc

MENTAL ILLNESS

ANDALUSIA

Administration
Case Management
Outpatient
Day Treatment
Group Home

ENTERPRISE

Case Management
Outpatient / Intensive

GREENVILLE

Case Management
Outpatient / Intensive

LUVERNE

Case Management
Outpatient / Intensive
Children's Services

SUBSTANCE ABUSE

ANDALUSIA

Intensive Outpatient
Prevention / CRO/DUI

ENTERPRISE

Intensive Outpatient
DUI

RED LEVEL

Administration
Residential

MENTAL RETARDATION

ANDALUSIA

Administration
Day Training
Case Management
Early Intervention

ENTERPRISE

Day Training
Case Management
Early Intervention

GREENVILLE

Day Training
Case Management
Early Intervention

LUVERNE

Case Management
Early Intervention

Updated 2/18/05

South Central Alabama Mental Health Triage

Case #: _____

Name: James Long Jr.**DMH High Risk Criteria**

_____ Hospital Release: State/Local Date of Release _____ Diagnosis _____

_____ Has a history of DMH/MR supported inpatient or public residential treatment resulting from an Axis I mental illness diagnosis.

_____ Is at imminent risk of inpatient hospitalization due to suicidal or homicidal plan or intent or grossly disorganized psychosis.

_____ Released from Alabama State Hospital after October 1, 2000 and placed in DMH/MR funded residential home (Wyatt Consumer).

If any are checked schedule: Acute/1 hour _____ Urgent/48 hrs. _____

SMI Criteria

SMI DX CRITERIA: Diagnosis by history or presenting symptoms consistent with: (must check one)

Thought Disorders

____ Schizophrenia
____ Schizoaffective
____ Psychotic

Mood Disorders

____ Major Depression
☒ Bipolar

Severe Anxiety Disorder

____ Obsessive Compulsive
____ Panic Disorder
____ Agoraphobia

Plus (must meet at least 2) from Disability Criteria below

SMI Disability Criteria

- ☒ 1. Unemployed, employment in sheltered setting, markedly limited work skills and poor work history.
 ____ 2. Severe inability to establish or maintain social support systems.
 ____ 3. Deficits in basic living skills.
 ____ 4. Inappropriate social behavior.

____ SMI Dx/symptoms Plus 2 Disability Criteria Schedule: Acute 1 hr. _____

☒ SMI dx/symptoms W/O Disability Criteria Schedule: Urgent 48 hrs. _____
 Routine 10 days 9-20-06

CHILD & ADOLESCENT SED Criteria**Axis I Diagnosis Suspected****Suspected**

____ ADHD
____ Conduct D/O
____ Oppositional Defiant

____ Mood D/O ____ Psychotic D/O

____ At Risk for Out-of-Home Placement

____ Functional Impairment interfering with
 ____ Autonomy ____ Community
 ____ Family ____ School

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If SMI/SED, go to Medication Section.

South Central Alabama Mental Health

Case #: _____

Name: James Lung Jr.**Non SMI Criteria:** Presenting symptoms consistent with:Adjustment DisordersAnxiety/DepressionCo-Occurring

☐ Marital
☐ Family
☐ Social
☐ Interpersonal
☐ Daily Coping
☐ Medical
☐ Stress Management

☐ Dysthymic sad mood
☐ Irritability
☐ Anger
☐ Generalized Anxiety
☐ Phobias
☐ Compulsive Behaviors
☐ PTSD—Abuse/Assault/Rape

☐ Alcohol
☐ Drugs
☐ Sedative Dependence
☐ Possible detox.
☐ Criminal charges Pending

____ Non-SMI Criteria met.

____ Agrees to \$150/hr fee for services which must be paid prior to services rendered.

____ If agrees, schedule routine appointment 10-21 days.

____ If does not agree, Referral out to _____.

List all current medications:

How are medications purchased:

Valproic Acid
Sibutramine
Wellbutrin

☐ Medicaid
☐ Insurance
☐ Self-purchase
☐ Other

List all psychiatric hospitalizations or Outpatient/Residential treatments:

SpectraCare Houston Co.**CONFIDENTIAL**

____ Requires linguistic support services for hearing deficiency or limited English proficiency.

☒ Normal hearing ☐ Hard of hearing ☐ Deaf
☐ Needs hearing aid ☐ Has hearing aid
☐ May require Interpreter ☐ Language of Preference ☐ N/A

____ Requires special accommodations for

☐ Mobility ☐ Vision ☐ Other ☐ N/A

_____ Medical Problems that may impact treatment

Transportation Assessment

Appointment from Initial Triage

1/25/05

Case #: 80119 Name: James M. Long, Jr

COMPLETE ALL INFORMATION BELOW

Medicaid #:
Medicare #:
Primary Case Provider:
Ins. Co. Name/Address:
City: St. Zip:
Person Insured:
Policy #: Group ID #:
Employer:
of Years Employed:
Job Title:

Eff. Date: QMB only: Y N
Child CM Authorization #:
Effective Date:
Self Pay Fee:
IDP: # in Family:
Individual Income:
Family Income:
TOTAL (Ind. & Family Income):
Other Funding Source:

Income Source (Up to 3):

001 Wage/Salary \$
002 Public Assistance \$
003 Retirement/Pension \$
004 Disability \$
005 Social Security \$
006 Alimony \$
007 Trust Fund \$
008 X None \$
009 SSI \$
010 SS Disability \$
098 Other \$
099 Unknown \$
Total Income \$
Payee (if not consumer)

Education

00 <u> </u> Presch/KG	12 <u> </u> Twelfth Grade
01 <u> </u> First Grade	13 <u> </u> HS Diploma/GED
02 <u> </u> Second Grade	14 <u> </u> Beyond HS/No DGR
03 <u> </u> Third Grade	15 <u> </u> Associate Degree
04 <u> </u> Fourth Grade	16 <u> </u> Bachelor's Degree
05 <u> </u> Fifth Grade	17 <u> </u> Master's Degree
06 <u> </u> Sixth Grade	18 <u> </u> Doctorate
07 <u> X </u> Seventh Grade	19 <u> </u> No formal education
08 <u> </u> Eight Grade	20 <u> </u> Special Education
09 <u> </u> Ninth Grade	21 <u> </u> Hab.Training/# of yrs. <u> </u>
10 <u> </u> Tenth Grade	98 <u> </u> Other: <u> </u>
11 <u> </u> Eleventh Grade	99 <u> </u> Unknown

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Referral Source:(check below)

Name of Referral Source: Self

01 X Self
02 Parent
03 Physician
04 School System
05 Other Family
06 Friend
07 Spouse
08 DHR
09 Employer/EAP
10 Court/Correctional Agency
11 State/Federal Court
12 Formal Adjudication Process
13 Probation/Parole
14 Recognized Legal Entity
15 DUI/DWI

16 Diversionary Program/TASC
17 Prison
18 Other Criminal Justice
19 Police
20 Guardian
21 Other Community Referral
22 Education Agency
23 State/County Psychiatric Hos.
24 General Psychiatric Hos.
25 Other Inpatient Psychiatric
26 Nursing Home/Extended Care
27 Alcohol Treatment Inpt/Resident.
28 Drug Abuse Inpt/Residential
29 Alcohol Treatment/Not Inpt.
30 Drug Abuse Treatment/Not Inpt
31 Multi-Service MH Agency

32 Outpt Psychiatric Services
33 Private Psychiatrist
34 Other Physician
35 Other Private MH Practitioner
36 Other Health Provider
37 Partial Day Organization
38 Shelter for Homeless
39 Shelter for Abused
40 MR Regional Office
41 ARC
42 310 Program
43 VocRehab Services
44 Personal Care/Boarding Home
45 Clergy
98 Other
99 Unknown

Staff ID: 763 Completed by/Title: M. Hattery, Office Manager Date: 9-20-06
8/24/04 Intake Assessment Page 5

South Central Alabama Mental Health Board

P.O. Box 310638 Enterprise, Ala 36331

Confidential Fax Cover Page

Confidential Health Information May Be Attached

THE DOCUMENTS ACCOMPANYING THIS TRANSMISSION CONTAIN CONFIDENTIAL HEALTH INFORMATION THAT IS LEGALLY PROTECTED. AS THE RECIPIENT OF THIS TRANSMISSION, YOU ARE OBLIGATED TO MAINTAIN IT IN A SAFE, SECURE AND CONFIDENTIAL MANNER.

Date: 3-21-07 Time: 10:15

Please deliver the following pages to:

Name: Ashley or Jail
Place: Houston County Jail

Fax No: 334-671-9482

Telephone No: B

This transmittal is being sent by:

Name: South Central Ala Mental Health
Telephone No: 334-347-0212

Fax No: 334-347-9418

Message:

Number of pages transmitted: [include cover page]

3

Verification:

Please contact Mary at 347-0212 to verify the receipt of this facsimile.

THIS FAX IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND CONFIDENTIAL. UNAUTHORIZED RE-DISCLOSURE OR A FAILURE TO MAINTAIN THE CONFIDENTIALITY OF THE INFORMATION CONTAINED HEREIN COULD SUBJECT YOU TO PENALTIES UNDER STATE AND FEDERAL LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, THE READER IS HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE.

CONFIDENTIAL FAX COVER PAGE

South Central Alabama Mental Health Medication Chart Center-Prescribed Medications

State Standard 3407.12 and 3104

Consumer Name: JAMES M LONG JR

Case #: 80119

IDP: Yes No
PAP: Yes No

ALLERGIES: N/A

Section I—Center Prescribed Medications

Date	Rx Date	Medications/Dosage/Freq.	#Tabs	#Refills	Risks/Benefits Explained by prescribing Physician. Signature of Physician	Therapist, Staff, or CM Signature
9-20-06		NONE				
9/21/06		Levodopa 25 mg po q am	15 + 0			
	then	" 25 mg po bid	30 + 0			
	then	" 50 mg 1/2 po q am & 1/2 po q pm	45 + 0			
	then	" 50 mg po bid	60 + 0			
		Levodopa 25 mg po q am	30 + 0			
		Distal 50 mg po bid	70 + 1			

Ask consumer to initial and date below that Risks/Benefits were explained when new medications were prescribed:

	Initial	Date	Initial	Date	Initial	Date	Initial	Date
* 10 x 100								

Update all three sections of the Medication Chart every six months and/or when medications change.

Page 1 of 2

Updated 03/29/05

South Central Alabama Mental Health Center

Post Office Box 1028
Andalusia, Alabama 36420

Access To Care (Toll Free)

(877) 530-0002

Date: 3/27/07

Administrative / Business
Office (334) 222-2525



SERVING BUTLER,
COFFEE, COVINGTON
AND CRENSHAW COUNTIES

Cynthia A. Hataway
Executive Director

MENTAL ILLNESS

- ANDALUSIA
 - Administration
 - Case Management
 - Outpatient
 - Day Treatment
 - Group Home
- ENTERPRISE
 - Case Management
 - Outpatient / Intensive
- GREENVILLE
 - Case Management
 - Outpatient / Intensive
- LUVERNE
 - Case Management
 - Outpatient / Intensive
 - Children's Services

SUBSTANCE ABUSE

- ANDALUSIA
 - Intensive Outpatient
 - Prevention / CRO / DUI
- ENTERPRISE
 - Intensive Outpatient
 - DUI

- RED LEVEL
 - Administration
 - Residential

MENTAL RETARDATION

- ANDALUSIA
 - Administration
 - Day Training
 - Case Management
 - Early Intervention
- ENTERPRISE
 - Day Training
 - Case Management
 - Early Intervention
- GREENVILLE
 - Day Training
 - Case Management
 - Early Intervention
- LUVERNE
 - Case Management
 - Early Intervention

Your request for Protected Health Information on Long James Consumer's name

has been received and is being processed. We wish to comply with the consumer's and your request as soon as possible. In addition to the HIPAA requirements, authorizations for our mental health center to release information from our charts must include the following and there are no exceptions. A few of our requirements are more stringent than HIPAA. Failure to comply with these requirements will cause delays in processing your request.

1) The name of our organization. South Central Ala Mental Health has to be listed on the authorization as the agency releasing the information. This can be handwritten, but it has to be legible.

2) The signature of the consumer or the legal representative and the date signed. This representative has to show proof that they have been approved by the court to represent consumer. It cannot be a spouse, sibling, parent (except for a minor child under the age of 14) unless they have been approved by the court.

3) The signature of a witness.

4) The specific information requested and the time period for the information requested. We do not honor an authorization which states "psychiatric records" or mental health records. Examples you may use include Evaluations, Medication Charts, Psychiatrist's notes, and consumer's compliance with treatment. If you are seeking substance use/abuse information, there has to be an additional statement on the authorization that this request is for substance abuse information and this statement has to be initialed by the consumer. Without this initialed statement we can not release this particular information from our records.

5) The written authorization to release information from our records must be signed and dated by the consumer after the period of treatment requested. You can request information generated before the authorization was signed but not after the authorization was signed.

6) The same authorization cannot be used to release information to two different parties. There has to be an authorization for each party. This is a State Dept. of Mental Health requirement.

7) We do not release the entire record unless we are under a court order to do so.

8) Our State Department requires an expiration date—not just an event.

Your authorization does not meet our requirements and is returned for the following reason(s).

Item #1 <u>X</u>	Item #2 <u>X</u>	Item #3 <u>X</u>	Item #4 <u>X</u>
Item #5 <u>X</u>	Item #6 <u>X</u>	Item #7 <u>X</u>	Item #8 <u>X</u>
Item #9 Other <u>Cannot find record</u>			

As soon as we have a corrected authorization, we will comply with your request.

Linda Hoover
Linda Hoover, Privacy Officer

Updated 10/28/04

Enclosed is an authorization we use, please be sure to fill out completely. Thank You.

South Central Ala Mental Health Assessment/Intake

Case #: 80119Name: JAMES LONG JR

Sex: Female - F <input checked="" type="checkbox"/> Male - M MI <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No SA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No MR <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Race: 01 <input type="checkbox"/> Black/African American 02 <input type="checkbox"/> Caucasian 03 <input type="checkbox"/> Alaskan Native 04 <input type="checkbox"/> American Indian 05 <input type="checkbox"/> Asian or Pacific Islander 98 <input type="checkbox"/> Other _____	Hispanic Origin: 1 <input checked="" type="checkbox"/> Not of Hispanic Origin 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Cuban 4 <input type="checkbox"/> Other Hispanic 5 <input type="checkbox"/> Mexican/Mexican American 9 <input type="checkbox"/> Unknown	Marital Status: ____ Yrs. ____ Mos. 1 <input type="checkbox"/> Married/Living Together 2 <input type="checkbox"/> Never Married 3 <input type="checkbox"/> Married/Separated/Absent 4 <input checked="" type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed 6 <input type="checkbox"/> Common Law Marriage 9 <input type="checkbox"/> Unknown		
Living Arrangements: 1 <input type="checkbox"/> Lives Alone 2 <input checked="" type="checkbox"/> Lives with Relative/Spouse 3 <input type="checkbox"/> Lives with Non-Relative 4 <input type="checkbox"/> Lives with Dependent Children 5 <input type="checkbox"/> Unknown 6 <input type="checkbox"/> Guardian 7 <input type="checkbox"/> Paid Care Provider 8 <input type="checkbox"/> Supportive Living	Military or Veteran: Type of Discharge: 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> WWII 3 <input type="checkbox"/> Korean 4 <input type="checkbox"/> Vietnam 5 <input type="checkbox"/> Gulf War 8 <input type="checkbox"/> Other _____ 9 <input type="checkbox"/> Unknown	Highest Level of Service: 1 <input type="checkbox"/> Other 3 <input type="checkbox"/> Outpatient/Day Tx/IOP/RDP 5 <input type="checkbox"/> Residential 6 <input type="checkbox"/> Ind/Family Support 7 <input type="checkbox"/> Case Management 8 <input type="checkbox"/> Habilitation/Training			
SMI/SED Criteria 1 <input checked="" type="checkbox"/> SMI - Meets the eligibility criteria for SMI 2 <input type="checkbox"/> Hx of DNH/NR inpt or residential treatment as result of Axis I Ml diag 3 <input checked="" type="checkbox"/> Imminent risk of needing inpatient w/o outpatient intervention N <input type="checkbox"/> Does not meet SMI/SED criteria			4 <input type="checkbox"/> SED Separated from family 5 <input type="checkbox"/> SED - functional impairment 6 <input type="checkbox"/> SED - Symptoms 7 <input type="checkbox"/> SED - Risk of Separation U <input type="checkbox"/> SMI/SED status undetermined	Dual Diagnosis: <input checked="" type="checkbox"/> (00) Not DD <input type="checkbox"/> (01) MI-MR <input type="checkbox"/> (02) MI-SA <input type="checkbox"/> (03) MR-SA	
Enrollment Record: 121 <input type="checkbox"/> Residential Gp Sm/Spolzid 122 <input type="checkbox"/> Residential Care Home 141 <input type="checkbox"/> Intensive Day Tx 144 <input type="checkbox"/> Supportive Day Tx 143 <input type="checkbox"/> Child Day Tx-No Ed 150 <input type="checkbox"/> Outpatient 151 <input type="checkbox"/> In-Home Intervention 170 <input type="checkbox"/> Case Management 200 <input type="checkbox"/> Indigent Drug Program 551 <input type="checkbox"/> SA Assess/Testing 541 <input type="checkbox"/> SA Adult IOP 555 <input type="checkbox"/> SA Aftercare _____ Habilitation/Training	Enrollment Date _____ RU _____ _____ _____ _____ 9-20-06 314 _____ _____ _____ _____ _____ _____	Residential Arrangement: ____ Yrs. ____ Mos. 0 <input checked="" type="checkbox"/> Lives with Family/Caregiver 1 <input type="checkbox"/> Homeless/Shelter 2 <input type="checkbox"/> Private Residence - Owns 3 <input type="checkbox"/> Private Residence - Rent/Lease 4 <input type="checkbox"/> Other Residential Setting/Placement 5 <input type="checkbox"/> Jail/Correctional Facility 6 <input type="checkbox"/> Other Institutional Setting 8 <input type="checkbox"/> Other _____ 9 <input type="checkbox"/> Unknown 10 <input type="checkbox"/> Lives alone with support Residence Size: _____ Residence Name (if different from consumer): _____			
Employment Status: A <input type="checkbox"/> Full Time J <input type="checkbox"/> Volunteer B <input type="checkbox"/> Part Time Y <input type="checkbox"/> Other C <input type="checkbox"/> Unemployed, looking for job D <input type="checkbox"/> Homemaker Z <input type="checkbox"/> Unknown E <input type="checkbox"/> Student F <input type="checkbox"/> Retired G <input type="checkbox"/> Disabled H <input type="checkbox"/> Confined to Institution/Correctional Facility I <input checked="" type="checkbox"/> Unemployed, not looking for a job in 30 days Employer: _____	Legal Status: 1 <input checked="" type="checkbox"/> Voluntary _____ Involuntary 2 <input type="checkbox"/> Voluntary, Civil _____ Involuntary, Civil 3 <input type="checkbox"/> Voluntary, Criminal _____ Involuntary, Crim. 8 <input type="checkbox"/> Other: _____ 9 <input type="checkbox"/> Unknown Name of Probation Officer: _____		Detailed Legal Status: 1 <input type="checkbox"/> State/Federal Court 2 <input type="checkbox"/> Formal Adjudication 3 <input checked="" type="checkbox"/> Probation/Parole 4 <input type="checkbox"/> Other Legal Entity 5 <input type="checkbox"/> Diversionary Program 6 <input type="checkbox"/> Prison 7 <input type="checkbox"/> DUI/DWI 8 <input type="checkbox"/> Other: _____ 9 <input type="checkbox"/> Unknown 0 <input type="checkbox"/> None		

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Legal History: ASSAULT DOMESTIC VIOLENCE DUI STOLEN PROP -ROBBERY - OVER 40 ARRESTSMilitary History: N/AEmployment History: CONSTRUCTION, MECHANICStaff ID: 225
8/24/04Completed by/Title: WDA [Signature]Date: 9-20/06

South Central Alabama Mental Health

Case #: 80119

Name: JAMES LONG JR -

Nutritional Assessment

Recent weight loss or gain: ☒ Y ☐ N # of Lbs. 30 Eats Regular/Balanced Meals: ☒ Y ☐ N
 Special Diet: ☒ Y ☐ N (Specify) Further Assessment Needed: ☒ Y ☐ N

Recreational/Leisure Assessment

Preferences & Interests: SPENT TIME W/KIDS, FISHING,

Medical History

Current Medications and Dosage:

VALPROIC ACID, TRILEPTAL, WELLBUTRIN ?

Physician:

SMITH

Phone No:

Pregnancies: Pre-Natal Care Received: ☐ Y ☐ N Where are these recorded?Medications taken during pregnancy? ☐ Y ☐ N If yes, list:Infections/illnesses/accidents during pregnancy? ☐ Y ☐ N If yes, describe:

Previous Hospitalization(s)

NEVER

Current Medical Problems:

TREATED FOR TB -

History of Seizures: ☒ Y ☐ N When did they start? Frequency: 2 Type:When did you have your last seizure: 6/06 Are you on medication for seizures? ☒ Y ☐ N If yes, list:

VALPROIC ACID IN PAST

Current Medical Allergies:

N/A

Immunizations:

Y9

Mental Health Treatment History

See the attached Psychiatric Treatment History Form

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Family History

Birth Order: 1-3 Marital Status of Parents:

Mother: Living ☒ Deceased ☐ If deceased, Date:

Cause of Death:

Father: Living ☒ Deceased ☐ If deceased, Date:

Cause of Death:

MI	Treatment	SA	Treatment	MR	Treatment	Family History of Suicide:
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No
Relationship: PF		Relationship: F		Relationship: UNCLE		

Staff ID: 275 Completed By/Title:

[Signature]

Date: 9/20/06

Intake Assessment (Page 7)

8/24/04

**South Central Alabama Mental Health
Child/Adolescent Assessment** N/A
(if assessment is not appropriate, put N/A in blank)

Case #: _____ **Name:** _____

Complete all areas of the following assessment—leave no areas blank.

Conduct: ☐ Oppositional/Defiant ☐ Runaway ☐ School Suspension/Expulsion/Truancy
☐ Fighting with Peers/School/Staff ☐ Other: (explain) _____

School Problems /Academic Performance: ☐ AD/HD ☐ LD ☐ BEH ☐ EC
☐ Speech/Hearing Impaired

Grade: _____ **Special Ed. Placement:** _____ **School:** _____

Are you currently enrolled in school? ☐ Yes ☐ No **If so, what grade are you in?** _____ **Have you ever failed a grade?** ☐ Yes ☐ No **If yes, Please explain:** _____

If you are not enrolled in school, what was your reason for leaving? _____

Additional education evaluation needed? ☐ Yes ☐ No

Prenatal History/Complication: ☐ Yes ☐ No **Comments:** _____

Postnatal Complications: ☐ Yes ☐ No **Comments:** _____

Developmental Milestones (age) **Crawled:** _____ **Walked:** _____ **Talked:** _____

Juvenile Court Involvement (such as formal probation, arrests, court actions): ☐ Yes ☐ No **If yes, Please explain:** _____

Do you currently have a Probation Officer? ☐ Yes ☐ No **If yes, who?** _____

How often do you report to your Probation Officer? _____

DHR Involvement? ☐ Yes ☐ No **If yes, who is your case worker?** _____

Do you live with your parents? ☐ Yes ☐ No **Describe:** _____

Have you ever lived with someone else? ☐ Yes ☐ No **If yes:** ☐ Foster Home ☐ Group Home
☐ Another Family Member ☐ Someone Other Than a Family Member **Explain:** _____

Is your family/guardian supportive of your entering treatment? ☐ Yes ☐ No

Identifying Characteristics: _____

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Peer Relationships: Do you have a best friend? ☐ Yes ☐ No **Explain:** _____

Gang Involvement: ☐ Yes ☐ No **If yes, Describe:** _____

Other comments/significant information: Explain DHR involvement and guardianship/custody

Staff ID: _____ **Completed By/Title:** _____ **Date:** _____

Name: JAMES LONG JR

8/24/04

Diagnostic Testing Triage & Program Placement

Check all that apply

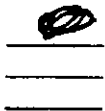
To Be Completed at Intake

Case #: 80119Name: James Melvin Long Jr.

<input checked="" type="checkbox"/>	1. I hear voices when no one is talking and no one else can hear.
<input checked="" type="checkbox"/>	2. I see things others don't see or have visions.
<input checked="" type="checkbox"/>	3. I feel things crawling on my skin when nothing is there.
<input checked="" type="checkbox"/>	4. I believe things that people tell me cannot be true.
<input checked="" type="checkbox"/>	5. Someone or some thing puts thoughts into my head that are not mine.
<input type="checkbox"/>	6. I sometimes get messages from the TV or radio.
<input type="checkbox"/>	7. Other people can hear my thoughts.
<input checked="" type="checkbox"/>	8. Sometimes I can read other peoples thoughts.
<input checked="" type="checkbox"/>	9. I sometimes believe other people are talking about me even when they say they are not.
<input checked="" type="checkbox"/>	10. People may be trying to hurt me in some way.
<input checked="" type="checkbox"/>	11. Someone is plotting to harm or kill me.
<input checked="" type="checkbox"/>	12. I receive messages directly from God.
<input type="checkbox"/>	13. I am a prophet or special messenger from God.
<input checked="" type="checkbox"/>	14. There have been times I have not slept for more than 3 days in a row.
<input checked="" type="checkbox"/>	15. I sometimes try to do several things at a time and end up not finishing any of them.
<input checked="" type="checkbox"/>	16. I cannot focus my thoughts.
<input checked="" type="checkbox"/>	17. My thoughts go so fast I can't keep up with them.
<input checked="" type="checkbox"/>	18. I often speak before thinking and then regret it.
<input checked="" type="checkbox"/>	19. Family or friends tell me I do things that embarrass them.
<input checked="" type="checkbox"/>	20. I have engaged in dangerous sexual behavior.
<input checked="" type="checkbox"/>	21. I often spend more money than I earn.
<input checked="" type="checkbox"/>	22. I feel so hopeless that I want to die.
<input checked="" type="checkbox"/>	23. I don't believe I can ever feel any better.
<input checked="" type="checkbox"/>	24. My mood goes up and down, sometimes very happy, sometimes very sad.
<input checked="" type="checkbox"/>	25. I have felt sad for at least two weeks.
<input checked="" type="checkbox"/>	26. I am irritable most of the time.
<input checked="" type="checkbox"/>	27. My temper often gets me in trouble.
<input checked="" type="checkbox"/>	28. I feel angry most of the time.
<input type="checkbox"/>	29. Bad thoughts come into my head and won't go away.
<input type="checkbox"/>	30. I wish I were dead.
<input checked="" type="checkbox"/>	31. I have tried to end my life in the past.
<input type="checkbox"/>	32. I have to keep checking appliances over and over before I leave home to make sure they are off.
<input type="checkbox"/>	33. I have to count things over and over.
<input checked="" type="checkbox"/>	34. I feel like crying 2-3 times a week.
<input checked="" type="checkbox"/>	35. I feel so guilty I can't sleep.
<input checked="" type="checkbox"/>	36. I am often afraid to leave my home.
<input checked="" type="checkbox"/>	37. I am fearful in stores or in crowded places.
<input type="checkbox"/>	38. Sometimes I feel like I can't breathe or can't swallow.
<input checked="" type="checkbox"/>	39. I don't have enough energy to get through the day.
<input checked="" type="checkbox"/>	40. My energy level is much lower than it used to be.
<input checked="" type="checkbox"/>	41. I have gained or lost over 20 pounds in the last year.
<input checked="" type="checkbox"/>	42. I am very uncomfortable around other people.
<input type="checkbox"/>	43. There is a crisis going on in my family.
<input checked="" type="checkbox"/>	44. I frequently embarrass myself.
<input checked="" type="checkbox"/>	45. A very important relationship has just ended.
<input type="checkbox"/>	46. I have lost a loved one to death within the last year.
<input type="checkbox"/>	47. I am very fearful of losing a relationship.

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<input checked="" type="checkbox"/>	48. I cannot cope with daily pressures.
<input checked="" type="checkbox"/>	49. My behaviors frequently get me in trouble.
<input checked="" type="checkbox"/>	50. I have so much stress I can't function.
<input checked="" type="checkbox"/>	51. I need help in managing stress.
<input checked="" type="checkbox"/>	52. I can't manage my money on budget.
<input checked="" type="checkbox"/>	53. I sleep less than five hours a night.
<input checked="" type="checkbox"/>	54. I sleep more than 10 hours a night.
<input checked="" type="checkbox"/>	55. I feel like I am very unimportant.
<input checked="" type="checkbox"/>	56. I don't have enough confidence.
<input type="checkbox"/>	57. My family or friends say I shouldn't live alone.
<input type="checkbox"/>	58. I am unable to live alone.
<input checked="" type="checkbox"/>	59. I may be fired from my job.
<input checked="" type="checkbox"/>	60. I cannot find a job because of my education level.
<input checked="" type="checkbox"/>	61. Mental problems make it hard for me to work.
<input checked="" type="checkbox"/>	62. Medical problems make it hard for me to work.
<input checked="" type="checkbox"/>	63. I have recently lost my job.
<input type="checkbox"/>	64. My use of alcohol or other drugs interferes with my work or causes problems with my family.
<input type="checkbox"/>	65. I take more medicine than my doctor has prescribed.
<input type="checkbox"/>	66. I want help to stop using alcohol or other drugs.
<input type="checkbox"/>	67. I think my biggest problem is drugs or alcohol.
<input checked="" type="checkbox"/>	68. I have been (sexually) (physically) or (emotionally) abused (circle one).
<input checked="" type="checkbox"/>	69. I am currently on probation.
<input type="checkbox"/>	70. I currently have misdemeanor or felony charges pending (circle one).
<input checked="" type="checkbox"/>	71. I have been in jail or prison.
<input checked="" type="checkbox"/>	72. I am a victim of rape or assault.



I have great difficulty managing my children.
 I would like to have parenting classes.
 I would like to attend classes in (circle all that apply).

Stress Management/Anger Management/Coping with Depression/Building Self-Confidence/Building Relationship Skills/Budgeting and Money Management.

I would like a referral out to:

- ☐ Vocational Rehabilitation (to develop job skills)
☐ Medical Specialist for specific problem.
☐ Food Stamps
☐ Public Housing Assistance
☒ Social Security

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Case #: _____ Name: James M Long Jr.

South Central Ala Mental Health
 Intake Evaluation
 Page 11

South Central Alabama Mental Health

Case #: 80119Name: JAMES LONG JR

_____ has identified the following significant clinical symptoms and issues that without treatment will be barriers to reaching their long-term view, and/or could result in hospitalization or out-of-home placement.

CONSUMER CHECKED 55/72
PLEASE FOR HELP

Deficits in Living, Learning, Socialization, and Family Relations.

Check all Significant Issues that apply:

Psychotic

Auditory hallucinations
Visual
Tactile
Delusions
Grandiosity
Thought Insertion
Thought Broadcasting
Ideas of Reference
Paranoia
Excessive Religiosity
Manic Episodes
Hypo Manic Episodes
Mood-delusional hopeless
Disorganized thinking
Dangerous Sexual
Behavior

Depression/Anxiety

Extreme low energy
Significant weight gain or loss
Extreme Impulsivity
Impaired attention and/or Concentration
Markedly Impaired Judgment
Significant Sleep Disturbance

Bipolar/OCD

Flight of Ideas
Racing Thoughts
Mood Swings
Irritability
Anger Outbursts
Obsessive Ideation
Compulsive Behavior
Excessive Crying
Excessive Guilt
Feeling of Panic
Fear of leaving home
Fear of crowds
Hopelessness
Excessive spending
Chronic sad mood longer than 2 weeks

NON-SMI Adjustment Problems*SMI Disability Criteria

Social Anxiety
Fear of specific events or things
Situational depression or anxiety
Marital Problems/Relationship problems
*Unable to develop or sustain friendships

Poor daily coping
*Inappropriate social behavior
Cannot manage stress
Poor money management
*Undeveloped social skills

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Adjustment Problems/Disability Criteria

Chaotic living environment
Family Crisis
*Lacks Independent Living Skills
*Unemployable due to symptoms
*Markedly limited work skills
Poor self-esteem
At risk to be homeless
Education level limits employability
Job stress

Medical problems limit employability
Alcohol Abuse
Sedative Abuse
Illegal Substance Abuse
Sexual, Physical, Emotional Abuse
Under court commitment
Misdemeanor/Felony Charges Pending
On Probation
Victim of rape or assault

Intake Evaluation

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10/15/04

Standard 3102.1 & .2

South Central Alabama Mental Health
Clinical Analysis and Needs Assessment

Completed Due to: Hospitalization
 12-Month Update
 X Other (list) INTAKE

Case #: 80119 Name: JAMES LONG JR

Current Status/Clinical Analysis: (Include living situation and educational/work situation, family relationships and patterns of socialization)

THIS IS A 34y/o DIVORCED FATHER OF 4 (2 SONS BY DIFFERENT MOTHERS AND 2 DAUGHTERS BY EX-WIFE). HE HAS AN EXTENSIVE HX OF LEGAL INVOLVEMENT (OVER 40 LOCAL ARRESTS), MANY YRS IN JAIL OR PRISON X 2 — HE GOT OUT OF AN 18 MONTH STAY AT BULLOCK CO DDC FACILITY FOR ASSAULT 2 WKS AGO. HE IS STAYING W/ HIS BIOLOGICAL PARENTS (FATHER WAS ABUSIVE IN PAST — SHOT & KNIFE'D HIM). HE HAS LITTLE SOCIAL SUPPORT, NO WORK SKILLS.

Presenting Problems and Complaints: HALLUCINATIONS, HX OF MI, HX OF VIOLENCE, HX OF SUICIDE ATTEMPTS

Strengths and Advantages: (Physical and Emotional) WANTS HELP

Disadvantages or Deficits: (Physical and Emotional) SCARRED SOUL

Spiritual Views: NONE

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Testing Interpretation:

Risk Level:

- 1 - Very Low
- 2 - Low
- 3 - Moderate
- 4 - High

To Be Seen within

- 3 months
- 60 days
- 14 days
- daily

- X Referred to Psychiatrist 9/21/06
- X Appt. with therapist 9/27 06 (date)
- Referred to CM
- Other:

Completed By/Title: W. D. [Signature] Date: 9-20-06

Approved By/Title: (SA Only) Date:

Intake Assessment (Page 13)

PLAN CARE AND ORDER FOR SERV

State Standard 3407.3

Case No.: 80119	Name: JAMES LONG JR	Date: 9-20-06
Diagnosis(es) Code	Description	Diagnosis Change
Axis I	296.24 Bipolar I D/O MRE MANIC SEVERE W MOOD INCONGRUENT FEATURES R/O SCHIZOPHRENIA R/O SCHIZOAFFECTIVE D/O	
Axis II	R/O ANTISOCIAL PERSONALITY D/O	
Axis III	HX OF MULTIPLE GUNSHOT WOUNDS, KNIFE WOUNDS & SELF MUTILATION	
Axis IV	POOR SOCIAL SUPPORT, POOR JOB SKILLS	
Axis V GAF Score	56	CONFIDENTIAL
Approved by: Sharon Brown Ph.D. Clin Dir	Date: 10-18-06	

Program admitted to: EDP

Hearing: Normal ☒ Hard of Hearing N/A Deaf N/AMobility ☒ Vision ☒Consumer requires linguistic support services (for hearing deficiency or limited English proficiency) ☒ No ☐ Yes

OUTPATIENT Services to be provided:

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> Intake | <input checked="" type="checkbox"/> Individual Therapy | <input checked="" type="checkbox"/> Physician Assessment PRN | <input checked="" type="checkbox"/> Medication Monitoring |
| <input checked="" type="checkbox"/> Medication Administration | <input type="checkbox"/> Family Support Group | <input checked="" type="checkbox"/> Mental Health Consult | <input type="checkbox"/> Group Therapy |
| <input type="checkbox"/> Family Support Individual | <input type="checkbox"/> Basic Living Skills | <input type="checkbox"/> Diagnostic Testing | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Pre-Hosp/Court Screening | <input type="checkbox"/> In-Home Intervention | <input type="checkbox"/> In-Home Support |
| <input type="checkbox"/> Intensive Outpatient | <input checked="" type="checkbox"/> Crisis Intervention PRN | <input type="checkbox"/> Community Resources | <input type="checkbox"/> Other |

REHABILITATIVE DAY PROGRAM Services to be provided:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Structured Work-Oriented Activities | <input type="checkbox"/> Educational Skills | <input type="checkbox"/> Employment Assistance | <input type="checkbox"/> Sheltered Employment Opport. |
| <input type="checkbox"/> Goal Oriented Group | <input type="checkbox"/> 1 to 1 - oriented session | <input type="checkbox"/> Skills Building | <input type="checkbox"/> Community Resources |
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Group Therapy | <input type="checkbox"/> Medication Monitoring | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Pre-Hosp/Court Screening | <input type="checkbox"/> Family Support Individual | <input type="checkbox"/> Physician Assessment |
| <input type="checkbox"/> Mental Health Consult PRN | <input type="checkbox"/> Crisis Intervention PRN | <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Other |
- Scheduled to attend _____ days per week.

INTENSIVE DAY TREATMENT Services to be provided:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Ind. / Group Therapy | <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Med. Eval. / Management | <input type="checkbox"/> Activity / Recreational Therapy |
| <input type="checkbox"/> Social Skill Training | <input type="checkbox"/> Coping Skills Training | <input type="checkbox"/> Community Resources | <input type="checkbox"/> Family Education |
| <input type="checkbox"/> Basic Living Skills | <input type="checkbox"/> Med Administration | <input type="checkbox"/> Med Monitoring | <input type="checkbox"/> Consumer Education relating to presenting problem |
| <input type="checkbox"/> Other: _____ | | | |
- Scheduled to attend _____ days per week.

THERAPEUTIC GROUP HOME /COD for Adults Residential Care Home Services to be provided: 24-hour Protective oversight provided.

Assistance with: applying for benefits; improving social and communication skills; med management; basic living skills; community placement; vocational service; community orientation; recreation / activities; education regarding mental illness; family support and education; and community transportation. Other _____

South Central Alabama Mental Health
Intake Assessment (Page 14)

South Central Alabama Mental Health Center

Case #: 80119 Name: JAMES

Long Term Recovery View (Address all four—Living, Learning/Working, Family, Socialization)

BE ON MY LAND, RAISE OWN FOOD, BE LEFT ALONE
VISIT KIDS, GET ON DISABILITYGoal: (Prioritize one from above list: GET ON DISABILITY) Target Date: 9/10/07Barrier
(to goal attainment)Expected Outcome
(once barrier is overcome)Interventions
(Services to be provided)HX OF MI,
HX OF JAIL/
VIOLENCEDISABILITYINDIVIDUAL THERAPY W
WD UNDERWOOD MA
1-2x/m/PRN

Goal: _____ Target Date: _____

Barrier
(to goal attainment)Expected Outcome
(once barrier is overcome)Interventions
(Services to be provided)

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South Central Alabama Mental Health Center

EOP, Plan of Care/Order of Services

Program

Consumer's Name: JAMES LONG JR
State Standard 3407.6;7;8Case Number: 80119

List Significant Clinical Symptom/Issue

Hx OF MI, Hx OF ILLEGAL ACTIVITIES, POOR SOCIAL SKILLSNegative Impact: Living, Learning/Work, Family, Socialization (Circle 1)1) Goal: TO MAINTAIN OUT OF JAIL / HOSPITAL FOR 1 YR
Target Date 9/20/07Barrier
(to goal attainment)Expected Outcome
(once barrier is overcome)Interventions
(Services to be Provided)

<u>Hx OF LEGAL PROBLEMS</u>	<u>CONSUMER WILL</u>	<u>INDIVIDUAL THERAPY w</u>
<u>Hx OF MI</u>	<u>COMPLY w/ TREAT-</u>	<u>W/ DUNDERWOOD MA</u>
<u>Hx OF FAMILY PROBLEMS</u>	<u>MENT GOALS/ PLAN,</u>	<u>1-2X M/ PRN</u>
	<u>MAINTAIN IN THE</u>	<u>PSY/ MED EVAL ACCESS</u>
	<u>COMMUNITY</u>	<u>w/ DR 1x6m/ PRN</u>

List Significant Clinical Symptom/Issue

Negative Impact on: Living, Learning/Work, Family, Socializations (Circle 1)2) Goal: _____
Target Date _____Barrier
(to goal attainment)Expected Outcome
(once barrier is overcome)Interventions
(Services to be provided)

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I have participated in the formulation/modification of this Treatment Plan.
I wish my family to participate in my treatment and have signed an ROI
For: _____

☒ Yes ☐ No
☐ Yes ☒ No

Consumer Signature: James M LongDate: 9-20-06Parent/Guardian/Family Member (if applicable) Signature: N/A

Date:

Therapist/Case Manager: [Signature]

Date:

Licensed Professional: [Signature]

Date:

Additional Signature when needed: _____

Date:

Outside referrals to: NONE

Name of agency/individual

Date

Therapist initials and credentials

Discuss with consumer and if no outside referrals are needed state "none," on above line, date and initial.

Referrals/Transfers to: MI Outpatient [Signature]
MI Residential _____SA Outpatient _____
SA Residential _____

MR _____

Psychiatric Treatment History

Do Not Destroy—Keep as an Ongoing Record

Bring this form forward with each new treatment update

Consumer Name: JAMES LONG JR Case #: 80119

[illegible]

Revised 8-24-04

Consumer Name: JAMES M LONG JR Case #: 80119 IDP: Yes No ALLERGIES: N/A

Case #: 80119

CONFIDENTIAL

Initial	Date
Y. J.	9-21-06

Update all three sections of the Medication Chart every six months and/or when medications change.
Page 1 of 2

Updated 03/29/05

CASE # 80119 CLIENT NAME JAMES LONG JR DATE 9-21-06

CLIENT TIME 1:30 REPORTING UNIT 314 ACTIVITY CODE 36 STAFF ID # 1032

SERVICES PROVIDED:

<input type="checkbox"/> Group Therapy	<input type="checkbox"/> Individual Therapy	<input type="checkbox"/> Case Management	<input type="checkbox"/> Crisis Intervention
<input type="checkbox"/> Med. Admin	<input type="checkbox"/> Ind. BLS	<input type="checkbox"/> Phys Assessment	<input type="checkbox"/> Family Support / Ed.
<input type="checkbox"/> Consultation	<input type="checkbox"/> Family Therapy	<input type="checkbox"/> Group BLS	<input type="checkbox"/> Other

NEXT APPOINTMENT: MON. TUES. WED. THURS. FRI. SAT. DATE: 11-16-06 TIME: 2:45

CHARGE FOR SERVICE:

SELF-PAY FEE SCALE <u>001</u>	FUNDING SOURCE <u>001</u>	CHARGES <u>Q</u>	TOTAL CHARGES \$ <u>Q</u>
TOP COPY (WHITE): BUSINESS OFFICE 3RD COPY (PINK): CONSUMER			CO-PAY / FEES PAID \$ <u>Q</u> () CHECK () CASH

Reason Referred: OUT OF PRISON - DIED BIPOLAR - RELEASED ON NO MEDS

Current Medications: NONE

Diagnosis: BIPOLAR I D/O MRE MANIC, SEVERE w/ MOOD INCONGRUENT PSYCHOTIC FEATURES
NO SCHIZOPHRENIA R/D SCHIZOAFFECTIVE D/O
Poly subs. dep by Hx

CURRENT MENTAL STATUS

Behavior:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Passive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Hostile	<input type="checkbox"/> Suspicious	<input type="checkbox"/> Bizarre
Affect:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Labile	<input type="checkbox"/> Fearful	<input type="checkbox"/> Blunted	<input type="checkbox"/> Ambivalent
Alertness:	<input checked="" type="checkbox"/> Fully Alert	<input type="checkbox"/> Dull	<input type="checkbox"/> Somnoient			
Orientation:	<input checked="" type="checkbox"/> Time	<input checked="" type="checkbox"/> Place	<input checked="" type="checkbox"/> Person	<input checked="" type="checkbox"/> Situation		
Mood:	<input type="checkbox"/> Depressed	<input checked="" type="checkbox"/> Level	<input type="checkbox"/> Overactive			
Thought Process:	<input checked="" type="checkbox"/> Goal Directed	<input type="checkbox"/> Circumstantial	<input type="checkbox"/> Tangential	<input type="checkbox"/> Loose Associations	<input type="checkbox"/> Thought Blocking	<input type="checkbox"/> Derailment
Thought Content:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> Hallucinations	<input type="checkbox"/> Ideations	<input type="checkbox"/> Delusions	
Memory: (Recent)	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor	(Remote)	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Attention Span:	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor			
Judgement / Insight:	<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average			
Impulse Control:	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor			
Homicidal Estimate:	<input checked="" type="checkbox"/> None Evident	<input type="checkbox"/> Ideation	<input type="checkbox"/> Threats	<input type="checkbox"/> Attempts		
Suicidal Estimate:	<input checked="" type="checkbox"/> None Evident	<input type="checkbox"/> Ideation	<input type="checkbox"/> Threats	<input type="checkbox"/> Attempts		

CONFIDENTIAL

Interview Notes: Hears voices and sees faces. Sleep is poor. Feels irritable
hyper and agitated at times. feels paranoid at times. Deans
depression. Also has very sharp up Poly subs-dep. cant

Progress Toward Treatment Goals: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Treatment Plans / Goals Reviewed: use was 18 months ago. In & out of prison several times.
not on any current meds.

Recommendations / Disposition:

- 1) Start Lamictal for mood - stop if rash develops.
- 2) Risperidone for psychosis
- 3) Vistaril for anxiety
- 4) NCC in 2m.

[Signature] James Long
CONSUMER SIGNATURE

DOCTORS LABORATORY, INC.

ACCOUNT NO. 12519

P.O. BOX 4750
VALDOSTA, GEORGIA 31604-4750
PHONE (800) 342-7552

PAYMENT TERMS: NET 30 DAYS

HOUSTON COUNTY JAIL
901 E MAIN STREET
DOTHAN, AL 36301

MONTH OF OCTOBER 2005
NO. 200510-0

TO ENSURE PROPER CREDIT, RETURN THIS TOP PORTION WITH YOUR REMITTANCE

DATE	PATIENT NAME	DOCTOR	PATIENT NO.	REASON	TEST	AMOUNT
101105	FAZIER, JAMES	BANNER	85895978		HIV ANTIBODY	17.63
101205	DYKES, ANTHONY	BANNER	85897186		LIPID PROFILE 2	6.00
101305	HANNA, MARY		85898835		GLYCOSYLATED HGB	4.50
101305					COMPREHENSIVE METABO	4.50
101305					LIPID PROFILE 2	6.00
101305	HILDREATH, JAMES		85898844		LIPID PROFILE 2	6.00
101405	MOBLEY, VICTOR	BANNER	85899879		PROTHROMBIN TIME	3.50
101805	PRAGLER, MADELIN	BANNER	85902642		BASIC METABOLIC PANE	3.65
102005	TILLEY, ROBIN	SPEIGER	85905493		BASIC METABOLIC PANE	3.65
102005	BROWN, MAUREEN	SPEIGER	85905500		TSH	15.75
102005					ELECTROLYTES	7.50
102105	MILLS, LURAL	BANNER	85906374		GLYCOSYLATED HGB	4.50
102405	[REDACTED]		85907442		[REDACTED]	[REDACTED]
102505	SNELL, CARY	BANNER	85908646		T4, THYROXINE	6.75
102505					TSH	15.75
102505					COMPREHENSIVE METABO	4.50
102505	TYLER, DARRELL	BANNER	85908655		LITHIUM	5.00
102505	WHITE, MICHAEL	BANNER	85908664		GLYCOSYLATED HGB	4.50
102705	JUSTICE, MARJORI	BANNER	M5300061		CULTURE, MISC.	10.00
102705					BACTERIAL ID 1	6.00
102705					SUSCEPTIBILITY 1	4.50
102705	PELICAN, MARY	BANNER	M5300062		CULTURE, MISC.	10.00
102705					BACTERIAL ID 1	6.00
102705					SUSCEPTIBILITY 1	4.50
102705	RIVERS, TERRY	BANNER	85930100		GLYCOSYLATED HGB	4.50
CURRENT SUBTOTAL						484.85

CURRENT	30-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	BALANCE DUE
	4150.48	0.00	0.00	0.00	1635.31

HOUSTON COUNTY JAIL INMATE MEDICAL DOCUMENTATION FORM

DATE 11-7-05INMATE NAME: Long James MINMATE NUMBER: 55631POD & CELL LOCATION: K-8 30-MINUTE HOURLY (CIRCLE ONE)

EVENT/ACTIVITY/CODE:	7:00 to 3:30 shift	3:00 to 11:30 shift	11:00 to 7:00 shift
1. Verbal/Relaxed	7:00 a.m. <u>3</u>	3:00 p.m. <u>1</u>	11:00 p.m. <u> </u>
2. Quiet	7:30 a.m. <u>3</u>	3:30 p.m. <u>1</u>	11:30 p.m. <u> </u>
3. Sleeping	8:00 a.m. <u>3</u>	4:00 p.m. <u> </u>	12:00 a.m. <u> </u>
4. Yelling	8:30 a.m. <u>3</u>	4:30 p.m. <u> </u>	12:30 a.m. <u> </u>
5. Struggling	9:00 a.m. <u>3</u>	5:00 p.m. <u> </u>	1:00 a.m. <u> </u>
6. Crying	9:30 a.m. <u>3</u>	5:30 p.m. <u> </u>	1:30 a.m. <u> </u>
7. Hallucinating	10:00 a.m. <u>3</u>	6:00 p.m. <u> </u>	2:00 a.m. <u> </u>
8. Delusional	10:30 a.m. <u>3</u>	6:30 p.m. <u> </u>	2:30 a.m. <u> </u>
9. Meals Accepted	11:00 a.m. <u>3</u>	7:00 p.m. <u> </u>	3:00 a.m. <u> </u>
10. Meals Rejected	11:30 a.m. <u>3</u>	7:30 p.m. <u> </u>	3:30 a.m. <u> </u>
11. Fluids Accepted	12:00 p.m. <u>9, 11</u>	8:00 p.m. <u> </u>	4:00 a.m. <u> </u>
12. Fluids Rejected	12:30 p.m. <u>2</u>	8:30 p.m. <u> </u>	4:30 a.m. <u> </u>
13. Shower/Hygiene	1:00 p.m. <u>in</u>	9:00 p.m. <u> </u>	5:00 a.m. <u> </u>
14. Accept Medication	1:30 p.m. <u>medical</u>	9:30 p.m. <u> </u>	5:30 a.m. <u> </u>
15. Reject Medication	2:00 p.m. <u>↓</u>	10:00 p.m. <u> </u>	6:00 a.m. <u> </u>
16. Accepted Exercise	2:30 p.m. <u>↓</u>	10:30 p.m. <u> </u>	6:30 a.m. <u> </u>
17. Refused Exercise	3:00 p.m. <u>↓</u>	11:00 p.m. <u> </u>	7:00 a.m. <u> </u>

1ST SHIFT OFFICER(S) SIGNATURE: Stearns / Tyson2ND SHIFT OFFICER(S) SIGNATURE: Chavez / Hudson3RD SHIFT OFFICER(S) SIGNATURE:

Inmate on suicide watch is to be observed every 30-minutes (or) every hour (UNLESS OTHERWISE NOTED BY THE MEDICAL STAFF) by the Corrections Officer and notations made by number. Put number of event/activity in blank by the time checked.

This form will be passed on at shift change, until all three (3) shifts have made their notations. At this time, the form will be turned in to the Medical Division and a new sheet started. If the SUICIDE WATCH is terminated, the officer in charge at that time, will turn in the form.

ADDITIONAL COMMENTS: Went to m-pod @ 11:20

HOUSTON COUNTY JAIL INMATE MEDICAL DOCUMENTATION FORM

DATE 11-6-05INMATE NAME: Long, James MelvinINMATE NUMBER: 55631POD & CELL LOCATION: K-830-MINUTE HOURLY (CIRCLE ONE)

EVENT/ACTIVITY/CODE:	7:00 to 3:30 shift	3:00 to 11:30 shift	11:00 to 7:00 shift
1. Verbal/Relaxed	7:00 a.m. <u>3</u>	3:00 p.m. <u>3</u>	11:00 p.m. <u>3</u>
2. Quiet	7:30 a.m. <u>3</u>	3:30 p.m. <u>3</u>	11:30 p.m. <u>17</u> + shower / Hygiene
3. Sleeping	8:00 a.m. <u>3</u>	4:00 p.m. <u>2</u>	12:00 a.m. <u>2</u>
4. Yelling	8:30 a.m. <u>8</u>	4:30 p.m. <u>1</u>	12:30 a.m. <u>2</u>
5. Struggling	9:00 a.m. <u>3</u>	5:00 p.m. <u>2</u>	1:00 a.m. <u>3</u>
6. Crying	9:30 a.m. <u>3</u>	5:30 p.m. <u>9</u>	1:30 a.m. <u>3</u>
7. Hallucinating	10:00 a.m. <u>3</u>	6:00 p.m. <u>2</u>	2:00 a.m. <u>3</u>
8. Delusional	10:30 a.m. <u>3</u>	6:30 p.m. <u>2</u>	2:30 a.m. <u>3</u>
9. Meals Accepted	11:00 a.m. <u>3</u>	7:00 p.m. <u>2</u>	3:00 a.m. <u>3</u>
10. Meals Rejected	11:30 a.m. <u>3</u>	7:30 p.m. <u>2</u>	3:30 a.m. <u>3</u>
11. Fluids Accepted	12:00 p.m. <u>9, 11</u>	8:00 p.m. <u>2</u>	4:00 a.m. <u>3</u>
12. Fluids Rejected	12:30 p.m. <u>2</u>	8:30 p.m. <u>1</u>	4:30 a.m. <u>3</u>
13. Shower/Hygiene	1:00 p.m. <u>2</u>	9:00 p.m. <u>2</u>	5:00 a.m. <u>9/11</u>
14. Accept Medication	1:30 p.m. <u>1</u>	9:30 p.m. <u>2</u>	5:30 a.m. <u>2</u>
15. Reject Medication	2:00 p.m. <u>3</u>	10:00 p.m. <u>3</u>	6:00 a.m. <u>2</u>
16. Accepted Exercise	2:30 p.m. <u>3</u>	10:30 p.m. <u>3</u>	6:30 a.m. <u>3</u>
17. Refused Exercise	3:00 p.m. <u>3</u>	11:00 p.m. <u>3</u>	7:00 a.m. <u>3</u>

1ST SHIFT OFFICER(S) SIGNATURE: [Signature]2ND SHIFT OFFICER(S) SIGNATURE: [Signature]3RD SHIFT OFFICER(S) SIGNATURE: [Signature]

Inmate on suicide watch is to be observed every 30-minutes (or) every hour (UNLESS OTHERWISE NOTED BY THE MEDICAL STAFF) by the Corrections Officer and notations made by number. Put number of event/activity in blank by the time checked.

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ADDITIONAL COMMENTS: _____

75

HOUSTON COUNTY JAIL INMATE MEDICAL DOCUMENTATION FORM

DATE 11-5-05INMATE NAME: Long, James MelvinINMATE NUMBER: 55631POD & CELL LOCATION: K-8

(30-MINUTE) / HOURLY (CIRCLE ONE)

EVENT/ACTIVITY/CODE:	7:00 to 3:30 shift	3:00 to 11:30 shift	11:00 to 7:00 shift	2320 13
1. Verbal/Relaxed	7:00 a.m. <u>3</u>	3:00 p.m. <u>2</u>	11:00 p.m. <u>2</u>	
2. Quiet	7:30 a.m. <u>3</u>	3:30 p.m. <u>2</u>	11:30 p.m. <u>1</u>	
3. Sleeping	8:00 a.m. <u>3</u>	4:00 p.m. <u>2</u>	12:00 a.m. <u>2</u>	
4. Yelling	8:30 a.m. <u>3</u>	4:30 p.m. <u>2</u>	12:30 a.m. <u>3</u>	
5. Struggling	9:00 a.m. <u>3</u>	5:00 p.m. <u>1</u>	1:00 a.m. <u>3</u>	
6. Crying	9:30 a.m. <u>3</u>	5:30 p.m. <u>9</u>	1:30 a.m. <u>3</u>	
7. Hallucinating	10:00 a.m. <u>3</u>	6:00 p.m. <u>2</u>	2:00 a.m. <u>3</u>	
8. Delusional	10:30 a.m. <u>3</u>	6:30 p.m. <u>2</u>	2:30 a.m. <u>3</u>	
9. Meals Accepted	11:00 a.m. <u>3</u>	7:00 p.m. <u>2</u>	3:00 a.m. <u>3</u>	
10. Meals Rejected	11:30 a.m. <u>9 11</u>	7:30 p.m. <u>14</u>	3:30 a.m. <u>3</u>	
11. Fluids Accepted	12:00 p.m. <u>3</u>	8:00 p.m. <u>2</u>	4:00 a.m. <u>3</u>	
12. Fluids Rejected	12:30 p.m. <u>2</u>	8:30 p.m. <u>2</u>	4:30 a.m. <u>3</u>	
13. Shower/Hygiene	1:00 p.m. <u>2</u>	9:00 p.m. <u>2</u>	5:00 a.m. <u>3</u>	
14. Accept Medication	1:30 p.m. <u>had v.s. +</u>	9:30 p.m. <u>2</u>	5:30 a.m. <u>9/11/14</u>	
15. Reject Medication	2:00 p.m. <u>2</u>	10:00 p.m. <u>2</u>	6:00 a.m. <u>3</u>	
16. Accepted Exercise	2:30 p.m. <u>2</u>	10:30 p.m. <u>3</u>	6:30 a.m. <u>3</u>	
17. Refused Exercise	3:00 p.m. <u>2</u>	11:00 p.m. <u>7</u>	7:00 a.m. <u>3</u>	

1ST SHIFT OFFICER(S) SIGNATURE: 87 ears / Tyson2ND SHIFT OFFICER(S) SIGNATURE: Michael Winters3RD SHIFT OFFICER(S) SIGNATURE: Smith / Hunter

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ADDITIONAL COMMENTS: _____

HOUSTON COUNTY JAIL INMATE MEDICAL DOCUMENTATION FORM

DATE 11-4-05INMATE NAME: Long, James Melvin INMATE NUMBER: 55631POD & CELL LOCATION: K-8 30-MINUTE / HOURLY (CIRCLE ONE)

EVENT/ACTIVITY/CODE:	7:00 to 3:30 shift	3:00 to 11:30 shift	11:00 to 7:00 shift
1. Verbal/Relaxed	7:00 a.m. <u>2</u>	3:00 p.m. <u>3</u>	11:00 p.m. <u>3</u>
2. Quiet	7:30 a.m. <u>2</u>	3:30 p.m. <u>3</u>	11:30 p.m. <u>3</u>
3. Sleeping	8:00 a.m. <u>2</u>	4:00 p.m. <u>2</u>	12:00 a.m. <u>3</u>
4. Yelling	8:30 a.m. <u>1</u>	4:30 p.m. <u>2</u>	12:30 a.m. <u>17</u>
5. Struggling	9:00 a.m. <u>1</u>	5:00 p.m. <u>2</u>	1:00 a.m. <u>3</u>
6. Crying	9:30 a.m. <u>1</u>	5:30 p.m. <u>9</u>	1:30 a.m. <u>3</u>
7. Hallucinating	10:00 a.m. <u>1</u>	6:00 p.m. <u>2</u>	2:00 a.m. <u>3</u>
8. Delusional	10:30 a.m. <u>1A</u>	6:30 p.m. <u>2</u>	2:30 a.m. <u>3</u>
9. Meals Accepted	11:00 a.m. <u>medical</u>	7:00 p.m. <u>2</u>	3:00 a.m. <u>3</u>
10. Meals Rejected	11:30 a.m. <u>9, 11</u>	7:30 p.m. <u>2</u>	3:30 a.m. <u>3</u>
11. Fluids Accepted	12:00 p.m. <u>2</u>	8:00 p.m. <u>2</u>	4:00 a.m. <u>3</u>
12. Fluids Rejected	12:30 p.m. <u>2</u>	8:30 p.m. <u>2</u>	4:30 a.m. <u>2</u>
13. Shower/Hygiene	1:00 p.m. <u>2</u>	9:00 p.m. <u>2</u>	5:00 a.m. <u>9, 11</u>
14. Accept Medication	1:30 p.m. <u>2</u>	9:30 p.m. <u>2</u>	5:30 a.m. <u>2</u>
15. Reject Medication	2:00 p.m. <u>2</u>	10:00 p.m. <u>2</u>	6:00 a.m. <u>3</u>
16. Accepted Exercise	2:30 p.m. <u>3</u>	10:30 p.m. <u>2</u>	6:30 a.m. <u>3</u>
17. Refused Exercise	3:00 p.m. <u>3</u>	11:00 p.m. <u>2</u>	7:00 a.m. <u>3</u>

1ST SHIFT OFFICER(S) SIGNATURE: Jones / 187 can2ND SHIFT OFFICER(S) SIGNATURE: Miller / 212 can3RD SHIFT OFFICER(S) SIGNATURE: 21 can / Smith

Inmate on suicide watch is to be observed every 30-minutes (or) every hour (UNLESS OTHERWISE NOTED BY THE MEDICAL STAFF) by the Corrections Officer and notations made by number. Put number of event/activity in blank by the time checked.

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ADDITIONAL COMMENTS: _____

DRUG USE PROFILE

NAME:

ALLERGIES:

CASE #

410727

Nare@ntale

[illegible]

[illegible]

SpectraCare

PHYSICIAN ASSESSMENT AND TREATMENT

130
18
837

Reason for Visit: New Routine Medication Problems Emergency

Patient Statement: Depressed, longer problems

wants to go cheap

Appearance: Clear, not MENTAL STATUS: ASO

Affect: Slightly Blunted Thinking: Clear

Mood: Dysthymic Behaviors: Cooperative

Abnormal Movements: 0 Other: 0

NAME: James Long Case # 140237
NEXT APPOINTMENT 10-23-03 @ 4:00 FAY FERRELL, PhD, M.D.
(OVER) Staff Member Date: 7-24-03

Plan:

(1)

(2)

(3)

(4)

1. Medication Name
Dosage
Target
Reason for change

Stav Weibach

2. Psychosocial therapy

3. Lab Comments

Nathan

4. Follow Up: 2 wks ___ 1 month ___ 6wks ___ 2 months ___ 3 months ☒ 6 months ___

SPECTRACARE

Houston Co. Clinic (334) 794-0731
Dale Co. Clinic (334) 774-9112

Medicaid No. 8246
DEA No. BF4046252
ACS No. 19045

Barbour Co. Clinic (334) 687-2323
Henry Co. Clinic (334) 585-5331

DR. JEFFREY L. PHD., M.D.

SpectraCare

March 19, 2005

Houston County Jail
Attention: Nursing Department
901 East Main Street
Dothan, Alabama 36301


COVER LETTER

Re: Request for Information on: James Long
DOB: 05-07-72
SSN: 514-84-6990

Attached you will find the requested documents on the above referenced client. The information that was sent to your office includes the medications and doctors' notes (dated 7-24-03 and 7-29-04).

If you have any questions regarding your request, please contact the Medical Records Department at (334) 794-0731 ext 134.

Thank-you,


Cheryl Demmis
Records Management Clerk

PHYSICIAN'S ORDERS

NAME: James Long

CASE #: 140737

INSURANCE #: None

PHONE #: 794-8766

ALLERGIES: NKA

DOB: 5/7/1972

PRIMARY MD: None

PHARMACY: Walmart S. side

7/29/04 (1) Wicetamin XL 600mg TID #30 2
(2) Alprazolam ER 500mg TID #30 2

✓

7/29/04 Tylenol prn OTC
no Rx

APRIL 27, 2004

PSYCHIATRIC EVALUATION AND TREATMENT

Special Agent [Signature] Reason [Signature] Emergency [Signature]

Referral [Signature] Patient [Signature] History [Signature]

Appetite [Signature] Medication [Signature] Behavior [Signature]

Mood [Signature] Other [Signature]

Alcohol [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

Other [Signature]

(1)

(2)

(3)

(4)

Plan:

1. Medication Name
Dosage
Target
Reason for change

*Start Wellbutrin XL
+ Start Depakote*

2. Psychosocial therapy

None

3. Lab Comments

4. Follow Up: 2 wks ☐ 1 month ☐ 6 wks ☐ 2 months ☐ 3 months ☒ 6 months ☐

SPECTRACARE

Medicaid No. 8246
DEA No. BF4046252
ACS No. 19045

Barbour Co. Clinic (334) 687-2323
Henry Co. Clinic (334) 585-5331

DR. T. L. PHD., M.D.

Age

PHYSICIAN ASSESSMENT TREATMENT

SpectraCare

Reason for Visit:

New
Routine

Medication Problems

Emergency

Patient Statement:

Depressed for problems

Appearance:

Clear, rest

Affect:

Slightly Blurred

Mood:

Dysthymic

Abnormal Movements:

0

MENTAL STATUS:

As

Thinking:

Clear

Behaviors:

Cooperative

Other:

0

NAME:

James Long
NEXT APPOINTMENT
(OVER) 10-23-03 @ 4:00

FAY FERRELL, PhD, M.D.
Staff Member

Case #

140237

Date:

7-24-03

Plan:

(1)

(2)

(3)

(4)

1. Medication Name
Dosage
Target
Reason for change

Lean medication + triptan

2. Psychosocial therapy

3. Lab/Comments

Nathan

4. Follow Up: 2 wks___ 1 month___ 6wks___ 2 months___ 3 months___ ☒ 6 months___

SPECTRACARE

Houston Co. Clinic (334) 794-0731
Dale Co. Clinic (334) 774-9112

Medicaid No. 8246
DEA No. BF4046252
ACS No. 19045

Barbour Co. Clinic (334) 687-2323
Henry Co. Clinic (334) 585-5331

FERRELL, PHD., M.D.